

# PHILADELPHIA MEDICAL TIMES.

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## COMMEMORATIVE ADDRESS

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### CENTENNIAL ANNIVERSARY OF THE INSTITUTION OF THE COL- LEGE OF PHYSICIANS OF PHILA- DELPHIA.

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President of the College.

WE are met this evening to commemorate the hundredth birthday of the oldest medical society in America which is not a State organization. New Jersey and Massachusetts have State societies of older date, which of necessity met rarely, and were chiefly meant to give unity, force, and discipline to a profession the members of which were widely scattered over a thinly-peopled country.

One hundred years ago the grave and kindly man whose portrait hangs above me at our meetings met the Fellows of this ancient College as their first President.

In words which quaintly represent to-day my own feelings, John Redman expressed his sense of the honor then conferred upon him and of the responsibility created by such an audience; "for," said he, "when I look around me, I see so many gentlemen of character for learning, ingenuity, and integrity in the profession and practice of physic, and some whose talents have early called them forth into public notice and offices of dignity in the medical line, and who have conducted therein for many years so much to their own reputation and to the advancement and satisfaction of their pupils and of their fellow-citizens."

At the close of his address he confesses that his mind has taken a more serious turn, and says, "I think it is very becoming in us at the commencement of this our institution to acknowledge the Supreme Being to be our sovereign Lord and Ruler," and thus goes on into a simple and straightforward prayer, "that through all the days of this College they who sat about and all who are to come publicly and privately serve their generation faithfully, according to God's will, that they may find rewards beyond the grave."

When John Redman thus seriously addressed the founders of what he called "a collegiate society" he was sixty-five years of age. He was born forty-one years after William Penn laid out this city. The men he so feelingly counselled were all his juniors. He looked back over the larger part of a century, during which his new-born country had leaped to sturdy life and set an example that had helped to bring unthought-of changes to its

great European ally,—a century of disturbing political and social thought, fertile in revolutionary activities.

To understand the men over whom he presided, to comprehend the inheritance of examples they left us, to realize, above all, how peculiar have been the relations of the physician to the social and political existence of Philadelphia, it is necessary to look back through the century which preceded the foundation of this College.

The history of any profession in connection with the progress and growth of a new country is of the utmost interest, and of no profession is this more true than of ours. The bar, the army, the navy, and, in other lands, the church, have distinct natural relations to the government, but the physician has none, and in monarchical countries this fact has served to create for him annoying social limitations which are but too slowly fading as communities grow into intelligent disregard of feudal traditions. His position in any community is a fair test of its good sense. But in new lands, peopled by the self-selection of the fittest, by those who have the courage of enterprise, and the mental and moral outfit to win for it success, the physician is sure to take and keep the highest place, and to find open to him more easily than to others wealth, social place, and, if he desire it, the higher service of the State. Nowhere was this more true than in this city. In New England the clergy were for a long time dominant. In New York, then, as now, commercial success was the surest road to social position. South of us it was the landholder who ruled with undisputed sway. But in this city—I may say in this State—from the first settlement until to-day the physician has held an almost unquestioned and somewhat curious pre-eminence. He is, and always has been, relatively a more broadly-important personage here than elsewhere.

If this be not as clear to you as it is to me, let me remind you that in every legislature of this Commonwealth you will find a dozen members of our profession who have for a time taken up the duties of lawgivers, intending to return again to their practice. I observe on the list of our Fellows to-day many men—and they are of our best—who have been or who are directors of insurance companies or saving-funds, or even of banks, a thing almost unheard of in cities where the lower civilization of commerce is dominant. You will find them also, in unusual numbers, on our collegiate boards. Our great charities are never without some of them in their councils, and the Philadelphia Library is obliged, under the will of James Rush, to have in its direction three physicians. In our hospital boards, and still more largely in our learned societies, they are equally well represented.

Says a learned historian, writing of the

Philadelphia of 1828, "Nothing struck me so much as the social force and influence of the physicians. I was familiar with other cities, and nowhere else did they seem to me to be so distinctly the leaders of social life."

The exceptional position which we occupy here is in a large measure due to the good fortune which early in our history directed to these shores a remarkable group of physicians, the friends and co-religionists of Penn.

As I am chiefly addressing Pennsylvanians, I shall not venture to say much of men whose names are still familiar. I desire, however, to show what breadth of liberty they had to do things which nowadays would scarcely be regarded as within the legitimate career of the largest-minded physician. Edward Jones, surgeon, came over in 1682. His father-in-law, Thomas Wynne, set sail in the "Welcome," with his friend William Penn, in that same August. These were both physicians of gentle breeding and of the best education their day could offer. Thomas Wynne was an active practitioner of physick, and yet found time to become President of the first Assembly which met in the province, and in which sat also his son-in-law Jones. Both of these men lived to hold many offices of political trust and honor in their adopted country.

Next in our medical genealogy comes Thomas Lloyd. There is what was called in Friends' phraseology a testimony\* concerning him, which, heard pleasantly across the turmoil of nearly two centuries, tells how that "he had a great practice, . . . and generally good success, whereby it was often his lot to be amongst many of account in the world. . . . Yet, being a man of tender spirit, he was conscientiously careful over his patients, whether poor or rich."

In the new land he sought for conscience' sake he was still for a while a physician. How, think you, did he find time to act as Deputy-Governor under Penn, President of Council, Keeper of the Great Seal of the Commonwealth? Apparently the good and great William Penn took care of his physician, for we hear that his friend Dr. Griffith Owen held the posts of Member of Assembly, Deputy-Master of the Rolls, and Commissioner of Property.

The early part of the next century was as fortunate. Lloyd Zachary, the grandson of that accomplished physician and trusted ruler, Lloyd, was the first physician elected to the Pennsylvania Hospital, and was what we would call Port Physician in 1725. He shared this duty with Thomas Græme, a Scotch physician, who arrived with Governor Keith in 1715. Besides being thrown into large practice by the death of Griffith Owen, this gentleman was at various times Naval Officer, a

Councillor, Master in Chancery, and at last Chief Justice of the Supreme Court, for which we may note that he received fifty pounds a year. He was the first president and the founder of the now ancient and still useful St. Andrew's Society for giving aid to destitute Scotchmen, assisted to create the Philosophical Society, was with Zachary, the two Bonds, Moore, Cadwalader, and Redman, of the first staff of the Pennsylvania Hospital, and died in 1772, Collector of the Port. On his tombstone, in Christ Church yard, it is said of him, and it would seem with justice, that

"The soul that lived within this crumbling dust  
In every act was eminently just;  
Peaceful through life, as peaceful, too, in death,  
Without one pang he rendered back his breath."

The men I have here so briefly described were, with the exception of the last, of the Society of Friends; Græme was of the Church of England. The great struggle between the Presbyterian settlers of the interior of the State and the followers of Penn was now in full tide. Already other sects than those of Penn began to be prominent, and henceforward we find physicians of eminence who were not of the creed of Fox, but neither in the seventeenth nor the eighteenth century do we observe in Pennsylvania what was very common in early New England and New Jersey,—men doubly occupied as physicians and clergymen.

To the new group of men belong, also, the two Kearsleys, to one of whom, John, a member of the Assembly, we owe the interesting spire of Christ Church and the endowment of Christ Church Hospital for Reduced Women. Kearsley's pupils—or, as was then said, apprentices—were all natives of the country, and among them were Zachary, Cadwalader, William Shippen, Sr., the Bonds, Cadwalader Evans, Redman, Bard, and John Kearsley, Jr. Bard speaks with energetic disgust of his master's exactions. The pupil was constantly subject to his orders. He carried medicines to the sick, or prepared drugs for use by his master in his daily rounds; he made fires, kept the office clean, and did other less agreeable duties commonly devolving nowadays on servants.

William Shippen, a founder of the College of New Jersey, was, with Redman, the only one of Kearsley's pupils alive in Philadelphia when this College was instituted. An active Presbyterian, he was a trustee of Princeton College and of the College of Philadelphia, vice-president of the Philosophical Society, one of the staff of the Hospital, and, later in life, a member of the Continental Congress.

Thomas Cadwalader was a descendant of Wynne and Edward Jones, and, like the men of his day, active in scientific societies, hospital work, and the stormy politics of his time. Unlike the Bonds and Kearsley, he was a staunch Whig, and his two sons, John and

\* Levick, J. J., "Early Physicians of Philadelphia," etc.

Lambert, were both soldiers of distinction. His sedate visage hangs in your hall to justify the words in which John Redman regretted that he had not lived long enough to become the first officer of this body. "One," he says, "on whose age, character, and reputation for medical ability and respectable deportment to and among us, as well as his generous, just, and benevolent temper of mind and great acquaintance with books and men and things, and proper attention to times and seasons, would, I am persuaded, have pointed him out as our first object." He is sure that his name will readily occur to the Fellows. "Nor need I mention it," he adds, "but that I naturally recollect with pleasure the name of our worthy and well-respected brother, and my much esteemed friend, Thomas Cadwalader."

He grieves, in like manner, that Thomas Bond could not, also, have preceded him in office, "a man of judgment and skill, of indefatigable assiduity to the last in the practice of physick and surgery."

I should have found it difficult to say less as regards the notable personages who came and went on the scene of our Colonial history, and who brought to their medical work the tastes, manners, and education of gentlemen, and to its completeness high-minded sense of duty. It was needful that I spoke of them in order to show how perfect has been the good fortune which, from the day when the "Welcome" brought us Thomas Wynne up to the present hour, has failed not to give us like men, gifted with like intellectual qualities, holding the same lofty traditions of honor and industry, ready to take up our unending task whenever an older and wearied generation laid it down.

The century was in its last third. A new group of physicians, nearly all young or in early middle age, and trained in an eventful war, had come upon the stage. The city contained about forty-five thousand people. It was the seat of government and of the largest social life the land afforded. Still predominant in commerce, it was also active in education and science. The College of Philadelphia had been for a time suppressed, the University had been medically organized, the Federal Constitution was in debate, and Washington, a man of fifty-six years, was resident in Philadelphia. Fitch was constructing his first steamboat.

Who first suggested the formation of this College is unknown, but, as many of our Fellows were educated in Edinburgh, it is likely enough that the success of its Society, which dated from 1733, may have led them to imitate it here. I have myself seen on its diploma the name of "Caspar Wistar Præses annuus."

We know as little of the earlier steps taken towards the foundation of this College. John Redman, your first President, says that "at

the first meeting to organize ourselves by choosing proper officers and members so as to constitute a body," he was elected President. He adds, "I went home under a strong impression of the weight both of the office and my obligations to you." Then he tells us that he was unable to attend the next meeting, and apparently it is at a third meeting that he delivers the address from which I have already quoted. Its faded ink and formal, patient writing seem to take one back to a less hurried era, and speak eloquently of the busy years which have come and gone since my serious-minded predecessor looked forward hopefully anticipating your future usefulness.

It would seem that the College was organized some time in 1786, but as to this we have no record other than that just mentioned. The first meeting of which we have a minute took place January 2, 1787, and to this date we have always referred as our natal day.

On that 2d of January, 1787, in the evening, in a little house used by the University, and known as Surgeons' Hall, on Fifth Street south of Library, assembled a portion of the notable group of men who then constituted this College. By the dim light of candles, for which I have found the modest bill, clad after the fashion of the day, some in Quaker dress and some in knee-breeches, silk stockings, and low shoes with buckles, most of them carrying, I fancy, the gold-headed cane and the meditative snuff box, some with queues or powdered wigs, a fading fashion, were John Jones, William Shippen, Jr., Adam Kuhn, Benjamin Rush, Thomas Parke, Gerardus Clarkson, Samuel Duffield, James Hutchinson, William W. Smith, Andrew Ross, William Clarkson, James Hall, William Currie.

The full roll of Fellows and junior Fellows in January, 1787, adds the names of John Redman, John Morgan, George Glentworth, Abraham Chovet, Benjamin Say, Samuel Powel Griffiths, Benjamin Duffield, John Morris, John Carson, John Foulke, Robert Harris.

Before our charter was obtained in 1789, there were added Nathan Dorsey, John R. B. Rodgers, Caspar Wistar, Jr., James Cuningham, Charles Moore, Michael Leib, John H. Gibbons.

They were in all twenty-four when they met in January, 1787, and thirty-one when they were incorporated in 1789. Only three of their names are to-day represented on our present list; but many more are familiar to your ears, and, if we include the men I have previously mentioned, you will find that a large share of the best-known families of our city trace their lineage from one or other of this memorable group. It would, in fact, be easy to give you a long catalogue of families distinguished in our national and local history, or in our social life, who inherit the blood of one or more of the physicians I have named

or have yet to name; but, as some of those here present may have the misfortune not to be able to claim the honor of medical ancestry, I generously refrain.

The portraits of many of these notable personages ornament our halls, and tell in their ruddy complexions of men who lived much out of doors and often in the saddle, and illustrate the changes which time is making in the physical conditions of our race. Here are descendants of the settlers who, armed only with the courage of good intention, came to the wilderness with Penn, or followed soon after. Welsh or English nearly all of them, but two represent the German element; only four have middle names, as to which a curious change is seen in the later years.

The older men generally sign first. The President was sixty-five; Jones, fifty-eight; Morgan, Shippen, and Kuhn, each fifty-one.

These were physicians who assisted at the troublous birth of a great nation. I fancy that I can see in their resolute faces the lines left by the sorrows and trials of those eventful years when they rode with the great Virginian and shared with him the hardships of doubtful campaigns and the triumphs of Princeton and Yorktown. Among them were the friends and physicians of Washington, Franklin, Hamilton, Jefferson, and Adams. They held to their medical opinions, as we shall see, with the same absolute belief that controlled their political actions, and were nearly as ready to fight for the one as for the other. As to their medical ancestry, the best of them had been educated at Edinburgh, which school is the parent of our University. Genealogically, we might speak of our College and of the University as children of Edinburgh and grandchildren of Leyden.

Linger with me a little, and learn who and what were these our medical forefathers,—the men who had won fame and matured character on the field and in the hospital wherewith to face the yet darker hours of the deadly plague so soon to thin their ranks.

The most illustrious of our profession are not always the most lovable. Your first President, John Redman, was a man whom all men respected and all men loved. He spent a year at Edinburgh, was graduated at Leyden, in 1748, under Albinus, and returned home to practise finally only medicine, declining midwifery and surgery. In his medical creed he was a sturdy follower of Sydenham. Like the most of his fellows, he bled without hesitation and believed that the American needed more positive treatment than his degenerate British ancestor. Except his thesis on abortion, a defence of inoculation, and his excellent account of the yellow fever of 1764, he left little behind him. A man gentle without lacking force, religious without a trace of bigotry, and finding in his faith only larger reasons for cheerfulness.

Quick of temper and as quick to regret it; punctual, charitable, exact, a type of what the practice of our profession makes out of the best characters, he constantly declined political place. We are told "that he suspended pain by his soothing manner or chased it away by his conversation." One would like to possess the secret of this anæsthetic kindness. He died in 1808, at the age of eighty-six, and, we are told, was mourned and missed most by the destitute, being like that physician of whom Somerville says,—

"For well thy soul can understand,  
The poor man's call is God's command."

John Jones, our first Vice-President, was of another type. His two grandfathers were Edward Jones and Thomas Wynne. He went abroad early, and again at a later date, and became the warm friend of Hunter and Pott. In 1755 he served with Sir William Johnson in the French War, settled in New York, and left it when it was occupied by the British. For a time he sat in the Senate of New York, then entered the army, and in 1778 settled here, where he succeeded Redman in the hospital, became the first president of the Humane Society, and was physician to the Dispensary until his death in 1791. We owe to him the first American book on surgery, in 1775. He dedicated it to Cadwalader, and says, "If I cannot cure the fatal disease of my unfortunate country, I can at least pour a little balm into her bleeding wounds."

John Jones was of the Society of Friends, and lies, since 1791, after their fashion, in a nameless grave under the maples in their Arch Street burial-ground. He was a man tranquil of temper, easy and polite, fond of poetry and belles-lettres; a surgeon so expert in lithotomy that he frequently operated for stone in a minute and a half. For this malady he attended Franklin, of whose philosophic cheerfulness he has left a clear account. In 1790 he went to New York to consult in the case of Washington, who suffered at that time from some acute disease of the lungs.

I pause to add that another of our Fellows, Plunket Glentworth, son of the founder George, also attended Washington in Philadelphia in 1797.\* I have seen a letter to John Lewis, in which the illustrious patient says of this physician, "No nobler man or more skilful physician ever lived," and calls him his "estimable friend,"—almost the sole record of this Glentworth,—the friend of Washington.

Of John Morgan, one can only speak with admiration. There is in this State a portrait of him by Angelica Kauffman, and the excellent copy in our hall has all the charm of distinction and manly beauty. The student and friend of Hunter and the famous Hewson,

\* The Hon. George Bancroft tells me that about this date Washington underwent an operation for some rectal disease, but as to its nature we know nothing further.



he knew well Voltaire and the great Morgagni, who gave him the noble copy of his works, now in our library, inscribing on the first page

"Viro experientissimo et humanissimo  
D<sup>o</sup>. D. Joanni Morgan.  
Auctor."

In his thesis on pus, Morgan anticipated Hunter's theory of its origin from the blood. He came home, aged twenty-nine years, a Graduate in Medicine of Edinburgh, Member of the French Academy of Surgery, Fellow of the Royal Society, and with the honors of the Colleges of Edinburgh and London, to found the University of Pennsylvania, and to serve as Director-General and Physician-in-Chief of the army in 1775. He lies now in old St. Peter's churchyard. His dignified vindication of his army career is almost all we have left us of a brilliant and well-loved gentleman.

To speak of William Shippen, Jr., would be almost to repeat what I have said of his friend Morgan. His friends in London were the same, and also, we may add, the high-minded Fothergill and Sir John Pringle. The war made him Director-General, and I may pause to add that Potts, a Pennsylvanian, and Tilton, one of our earliest associate Fellows, held a like position. William Shippen was our second President, a handsome man, gay and yet dignified, so amiable that through life he is said to have made no foes,—a doubtful formula of praise. He left a great name as a happy lecturer, and was the first of that remarkable series of anatomical demonstrators whose names are so familiar to us all.

Adam Kuhn, son of the physician and magistrate, Adam Smith Kuhn, came home in 1768 from his European studies at Edinburgh and Upsal. I find in the *Eclectic Repertory*, vol. viii., a number of very pleasant and interesting letters from Linnæus to the father and to the son. He speaks of the latter as an amiable, correct young man, beloved of all, and for whom he cherished a paternal affection. The younger physician he directly addresses in after-days as his dear friend, and, in letters simple, affectionate, and delightfully full of chatty remarks about plants and animal life and gossip of domestic affairs, calls him his cherished son; speaks of his engaging deportment, his unwearied ardor in cultivating science. In 1772 he refers apparently to having named a plant after his young friend, and says, "I am yours while I live." There must be more of these genial letters. In their pages flowers seem to bloom and humming-birds to flutter as the great naturalist, with gentle envy, pictures the wealth of plant and animal life awaiting his pupil's study in distant Pennsylvania. The daily needs of life may have rendered the pursuit of science difficult to Kuhn. He lectured in 1768, one year, on botany, then on

materia medica twenty-one years, and in 1789 became professor of theory and practice in the University, was our third President in 1808, and died in 1817. He left scarce a trace behind him; but no one can read his manuscript lectures, now in our library, without a full sense that the world lost something by the indifference or want of ambition of this learned physician.

With reverent doubt of my powers to do justice to the greatest physician this country has produced, I approach the task of briefly recalling to your memories the vivid and emphatic personality of Benjamin Rush. His life invites a less hasty biographer, and is full of such seeming contradictions as can only be explained by the belief that the earnest, decisive, and mutinous nature of a man proud rather than conceited got the better of the principles by which he honestly strove to guide his conduct. That he won at last in this contest was shown by the grief with which a nation mourned his death, when the poor in crowds besought a sight of his face, or, at least, to touch his coffin. Look at his portrait by Sully in our hall. It has the scholar's hands, the largely-modelled head, the contemplative blue eyes of the observer, the nose and chin strong, firmness in the mouth, and a trace of too critical tendencies in the droop of the lines of the lips, withal a general expression of tranquil benevolence, a face like the man's life and character, full of dissimilars, with a grand total of good.

How shall I briefly bring before you the career of this restless being? Relentless energy drove him through a life in which ardent sense of duty, large-minded philanthropy, love of country, devotion to his art and its science, immense belief in himself, were the motives to industry, which made note-books the companions of his student youth, and which failed not until the pen fell from a hand enfeebled by the close approach of death.

He was a statesman, a scholar, an army surgeon, a punctual and careful physician, an actively religious man, a far-seeing and courageous philanthropist, and a sanitarian far in advance of his day. These are what I might call four careers, in all of which he excelled unaided by secretaries or modern means of condensing and relegating labor: one such suffices most men. He was a member of every important political assembly which met in this State while he lived. When timid men fell out of the Continental Congress, he was elected to that body, that he might sign the Declaration of Independence, and was the only practising physician whose name is on that energetic arraignment of the Crown. I have neither time nor desire to speak of his relations to Washington. He criticised him with his usual courage and with a severity in which at that time he was not alone, and, although later in life he somewhat relented, he never

quite forgot the bitterness which arose out of his too famous letter, and to the end of his days looked upon the great leader as one not above the judgment of his fellows. As regards the patriotism of Rush there can be no doubt. It approached the earnestness of religion, and its very intensity made him unhappy and critical when others seemed to him to be showing that want of energy which in the first years of the war he thought was seen in the Fabian policy of Washington.

Rush was surgeon-general to the Middle Department, and later surgeon general, and served faithfully in the New Jersey campaign and in the dreary camp at Valley Forge. He resigned in 1778, after his difficulty with his chief, and declined pay for his services.

As a broad-minded philanthropist, I view him with wonder. The higher education of women he urged as a special need of a Republic, and as boldly wrote of public punishments and against the penalty of death. With like courage he denounced slavery, or turned to demand legislation against the abuse of alcohol, or to implore care in the use of this agent in disease, and, although a scholarly man, eloquently represented the waste of time in the too general study by the young of the classical tongues.

On his medical career I cannot linger. His views as to bleeding were extreme. They were greatly modified in his latter years, but have been misrepresented by the enmity his positive nature excited, and can be fitly judged, not by his occasional vigor of statement, but also by the many tampering remarks to be found in his works. His ideas on the contagion of yellow fever and its domestic origin excited the hostility of commerce, and embittered his existence; but, although as to the former he changed his beliefs later in life, as to the latter he seems never to have faltered.

I presume that he held his opinions tenaciously, and was so conscious of his own general superiority to those about him, that he found it hard to weigh their reasons justly. He says, "I early discovered that it was impossible for me, by any reasonings, to change the practice of some of my brethren." Then he adds, "humanity was therefore on the side of leaving them to themselves, because what is done in these consultations is the ineffectual result of neutralized opinions; for the extremity of *wrong* in medicine, as in morals and government, is often a less mischief than that mixture of *right* and *wrong* which serves, by palliating, to perpetuate evil." How interesting is this irritable confession, which tells so much more of the man than he meant to put into it! Let me add, as a thoughtful physician, that no one can read what he wrote—and I have read most of it—without a strong sense of his sagacious and intelligent originality, and admiration of his clear and often fervid style. His work on insanity

is a masterpiece. A recent English writer calls his book on "the bilious remitting yellow fever" a wonder, and says of that remarkable description of his sensations during the height of the epidemic, "it is as if he were talking to you, a ghostly whispering through a veil of nine-tenths of a century." He has been called the American Sydenham. He was not, as I see it, so great a physician, but, taking his whole career,—and both were earnest republicans,—Rush was the larger personage, and surely, next to Franklin, the greatest citizen of Pennsylvania.\*

His bitterest foes are best remembered because of the man they reviled. Even before death came to heal all wounds, he stood where few men have stood in the estimate of men. He could not but feel this tribute. It gentled the positive and ardent nature, once ready to cross swords with all who dared to differ. He says, "I was once an aristocrat, then a democrat, now I am a Christocrat." Certain of his words should have been placed on his tombstone. With them we may leave him to his repose near the yet greater Franklin. "Posterity," he says, "is to the physician what the day of judgment is to the Christian."

Still among honored Philadelphia names we find next that of Gerardus Clarkson, chief of the founders of the Episcopal Academy, and brother of the Mathew Clarkson, emigrant from provincial New York to this gayer capital, who earned as mayor, in the yellow fever of 1793, a character for manly courage and self-possessed official calmness.

Benjamin Say, who comes next on our list, produced no great work, except his son, the eminent naturalist.

James Hutchinson was the ancestor of our honorary librarian, and, like him, a trustee of the University. There is a pleasant letter extant of the date of 1776, in which Fothergill recommends him to the Pennsylvania Hospital as a trained surgeon and a man of "unblemished character." He had a good deal to do with the union of the College and University in 1791. Like most of our first Fellows, he was a member of the Anti-Slavery Society. It is told of him that when the ship on which he came home from Europe was chased by a British cruiser, he escaped to the coast in an open boat under a heavy fire, to save the despatches Franklin had confided to his care. In 1771 Hutchinson was appointed by Shippen Senior Surgeon to the Flying Hospital of the Middle Department, and in the same year became Director of the Hospitals, Physician and Surgeon-General of the

\* Rush left letters, diaries, and also biographic memoirs of his contemporaries, without which no man can fitly judge him or them. Friends, relatives, and executors have been chary of publishing these records. Some of them I have read, and I think it only just to a great man that we should know all that there is of him to know. He was too great, too productive, too various, to lose esteem on account of anything he may have said or written of Washington.

Militia of the Commonwealth of Pennsylvania. He lived to serve through the war, and to become distinguished as a professor, to hold many posts of public trust, and to die of yellow fever in 1793.

George Glentworth, who comes next, was Senior Physician and Surgeon of the General Hospital of the United States, from 1777 to 1780. He, too, declined pay. It was he who extracted the bullet received by Lafayette at Brandywine fight, at the Indian Queen Tavern in Third Street. He lies now near the street in St. Paul's churchyard.

Of the cynical and merry Tory, Abraham Chovet, there is little to say. Dr. Physick told my father that, while living in London, Chovet tried to save a too adventurous gentleman, about to be hanged for highway-robbery, by opening his trachea before the hangman operated. The patient was rapidly removed after the execution, and is said to have spoken. A queer tale, but worth the telling. As the government lacked due appreciation of this valuable experiment, Chovet brought his queer Voltairian visage to America. You may see it yet in our library.

William Currie left theology for medicine, and served in the war. He is known chiefly by his excellent essays on climate and on yellow fever, and his support of the doctrine of its foreign origin as against Rush, with whom he agreed as regards the question of contagion. In his essays Currie wrote temperately of the matter, and without personalities.

I observe that this writer now and then speaks of the number of pulse-beats, and says the frequent pulse is the weak pulse. Numeration of the heart-beat is very rare in the writings of the last century, and is exceptionally found between the reign of Anne, when Sir John Floyer wrote his book upon it, and the year 1820, when French observers again called attention to its value. Occasional references to the number of the pulse are also found in Rush, but they are, on the whole, uncommon.

Men like ourselves know how hard it is to live up to the best standards of medical duty; know, also, what temptations, intellectual and moral, positive and negative, assail us all, and can understand the value and beauty of certain characters, which, like surely-guided ships, have left no permanent trace behind them, on life's great seas, of their direct and absolute devotion to duty.

Of this precious type was Samuel Powel Griffiths. He wrote little, although an editor of the *Eclectic Repertory*. All that he has left us is a paper in favor of vaccination, and an essay to prove that yellow fever, as a rule, does not attack a second time. He believed it contagious and of imported origin. The sanitary and philanthropic plans of Rush he heartily aided. In the battle with slavery and the penal code and against the abuse of

alcohol, Griffiths was a steady worker; whilst the Humane Society, the Dispensary, the Friends' Asylum for the Insane, and the French refugees found in him a constant helper. But wherever he went and in whatever he did peace and gentleness were around about him, so that in every relation of life men and women eagerly trusted this simple, straightforward, intelligent, unambitious man. It is told of him that in forty years he scarcely ever missed his daily visit to the Dispensary, where he met, relieved, and counselled the poor. With one hand, it may be said, he distributed the bounty which his fellow-citizens intrusted to his care to the refugees from St. Domingo, while with the other he was busy sending vaccine virus to their revolted slaves. To the last day of his life he walked our streets in all weathers, averse to the use of a carriage, and thus, punctual, industrious, carrying into every vital relation trustful, unobtrusive religion, this kindest of men, forgetful of no duty, died abruptly, escaping the pangs he had so often seen in others.

The peaceful Griffiths had, I believe, no relation to the War of Independence, but Benjamin Duffield was, like many other of our Fellows, an army surgeon. In the pest-house at Bush Hill he did manly service in 1793. A hospitable man, of genial humor; both wise and witty, it is said. The familiar seal of the College was probably of his devising, as he was chairman of the committee on this matter in 1787.

Of John Carson, born in 1752, little is known. He was a long time Surgeon to the City Troop, one of the founders of the Dispensary, Professor of Chemistry in the University after the death of Hutchinson, but died in 1794, before he had given a lecture.

Caspar Wistar, Jr., is a more familiar name. Like Rush, there is much of the man's life on record in the portrait by Otis, as the least observant may see. The face is strong and intellectual, the mouth large and full of good humor and mirth, the chin positive, a face thoughtful above, and below alive with promise of genial companionship. He could have been but sixteen when we hear of him as active in helping the wounded after the indecisive fight at Germantown.

He was graduated at Edinburgh in 1786, and left that city President of the Royal Medical Society, and with the warm friendship of Cullen, who later sent him his portrait, and was his frequent correspondent. He must have been the youngest of our corporators, as he was elected to the College in April, 1787, and was then but twenty-six years old. Two years after, he became Professor of Chemistry in the College of Philadelphia; he was made Adjunct-Professor of Anatomy, Surgery, and Midwifery in 1792, and in 1808 succeeded Shippen at the University in the Chair of Anatomy. Men spoke of him as a great teacher. He fortunately combined full

knowledge with fluency and intense interest in what he was teaching. His *System of Anatomy*, published in 1811, was our first native treatise on that subject.

He followed Rush as President of the Anti-Slavery Society, and Jefferson as President of the Philosophical. If a man's friends be in some sense a description of the man, among his were Humboldt, Michaux, Soemmering and Camper, Cullen, Hope, Jefferson, Warren, and Correa, the cynical and amusing Portuguese minister. You can see from these names that science occupied him, and especially anatomy, that the practical aspects of his profession were not forgotten, and that he was at home among those whose talk left to their surviving contemporaries vivid memories of an unusual social era. He is known still to most of us as the founder of the Wistar Parties, which owed much of their later social vitality to the hospitable houses of the leaders of our profession. When I was a young man and Wistar was long since in his grave, we were still familiar with the worn card of invitation which carried his vigorous profile with its formal queue from simpler days to those of champagne and terrapin, and until the fierce quarrels of the great war broke up this gay and joyous company. It was wickedly said that the doctors profited by those noble suppers. Even in their luxurious decadence they were delightful. Men who came to eat remained to chat. They left to me at least a gallery of pleasant portraits of some whose living talk would have made that good founder happy. Hear how Thackeray mourns a dead friend. "There will be," he says, "no more Whister parties for him. Will Whister himself, hospitable, pig-tailed shade, welcome him to Hades? and will they sit down—no, stand up, to a ghostly supper, devouring the *ἰσθμίου ψυχας* (the mighty souls) of oysters and all sorts of birds?" \*

I have dwelt on this aspect of a full and wholesome, learned and useful life, because it well illustrates the social prominence of the Philadelphia physician. We may leave him with the words in which another described him: "Decorous, suave, honorable, and courteous, he forgot nothing except injuries."

Michael Leib, born in 1759, was the last Fellow of importance elected previous to our incorporation in 1789. His name occurs with honorable mention in the yellow fever records, but he left our profession early and became a brilliant leader in the Democratic party, and filled in turn the post of member of Assembly, and of the United States House of Representatives, and at last went to Congress as Senator. His great war speech of 1812 was long remembered, and he is said to have been for many years the political dictator of Philadelphia. He died in 1822.

\* *Haud immemor*, p. 8. William B. Reed, 1864, Philadelphia.

The earlier Constitution was signed by Senior and Junior Fellows, but in August, 1787, it was readopted in a modified form, and thenceforward the appellation "junior" disappears, and we have only Fellows and Associate Fellows, and, very much later, Corresponding Members.

Up to its incorporation in 1789, the College was busy with private and public affairs. It adopted a seal, and substituted for *non sibi sed alii*, as proposed, *non sibi sed toti*.

It urged the legislature to create a botanic garden and public baths, and to limit the use of ardent spirits, wisely pointing out their hurtfulness, declaring them destructive to life and health, and as tending equally to dishonor character as a nation and to degrade our species. "They," the Fellows, "believe to be without foundation the prevalent idea as to use of spirits in heat and cold, and think malt liquors and cyder might be substituted."

The first effort towards a pharmacopœia was made in April, 1787, and the College ordered a committee to digest the business. This effort was, I believe, the first made in America in this direction. It was never long out of sight, but the digestion was laborious and incomplete until the Pharmacopœia Convention met in 1820.

The germ of our ethical code is to be found in April, 1788, when it was decided that

"To promote order and unity in the practice of medicine, it is agreed by the Fellows of this College that they will not attend or prescribe for any patient who hath previously employed any other Fellow of the College in the same illness, unless it be in consultation with the first physician or in case of sudden emergency, when the said physician is not present;" and then follow directions as to the conduct of consultations.

What was to become of the unlucky patient under this stringent rule does not appear. But codes of conduct, however needful, are difficult so to frame as to cover all contingencies, and the legislation of individual common sense usually intervenes to correct their too absurd application. The larger ethical code, founded chiefly on that of Percival, was accepted by the College in 1843.

In these early days the only death-record was kept by the churches, wherefore the College found need to appoint committees on this subject and on that of disease and meteorology.

Their value ceased in after-times, the city having assumed charge of registration, and the county that of the weather, which Parke found troublesome, in 1792, because he could not buy a barometer in the city of Penn.

The history of an old and learned institution is that of its members and its relation to public affairs. No man can hope in the scope of an address to set before you the shining roll of the men who have illustrated our story with duty done simply and in private, of patient,



charitable lives, of those larger existences which left their mark also on the science of their day, and to this memorable hour have sustained in noble succession the prominence of this city in all that lifts our art and its sister sciences above the common levels of applied usefulness. The task were hopeless, and belongs to the historian rather than to the orator.

But our relation to the public cannot be thus readily disposed of. The acts of single men help to give us collective power to interfere in public matters, and here this College has been up to this day potently active. To it came early for advice in all affairs of health and quarantine the city, State, and general government; and the minutes amply record that it has labored conscientiously to aid the Commonwealth and the city as to sale and importation of pure drugs, as to parks, water-supply, education, drainage, and the many other problems which call for advice and direction from experts.

To the physician epidemics are his battle-fields. His daily life is hard enough, and, unlike the soldier, he lives amidst constant perils, of which habit has made him negligently forgetful. He is assisted to be unthoughtful as to risks by the fact that the community thinks little of those which are not, like the soldier's, occasional, or which it does not largely share. You must have lost sense of heroism if you do not feel some thrill of pride when you look back with me over those sad years in which the Fellows of this College, amidst the contagion of terror, faced the storms of death which from 1793 to 1804 swept over this city and forever ruined its mere commercial supremacy.

Let us see how well this College met it. Several of its Fellows could recall the epidemic of 1762—the Barbadoes Plague—the dreaded yellow fever. Rush, a student, made notes of it in his constant way, and Redman, an older man, described it with accurate skill. A few hundred died, and for thirty-one years the great town flourished undisturbed. For two years the College had at times been urgent as to quarantine, but selfish, short-sighted commerce had been more potent. On the 25th of August, 1793, a special meeting of the Fellows was called "to consider their duty because of the fever of alarming nature." Rush, Hutchinson, Say, and Wistar were to report on the 26th. Nothing, on the whole, could have been better than the calm good sense of the letter of public advice which the College, at the instance of their committee, addressed to the mayor, Mathew Clarkson, and to the people at large. At this meeting the President describes the fever of 1762. Tilton, our Associate, advises tents as hospitals, and the College decides to meet every Monday. How simple it all sounds, the quiet councils, the talk as to treatment! The Fellows assemble on the 3d, 6th, 10th, and 17th

of September, and consider Alexander Hamilton's letter of inquiry as to the fever, and answer Warren, of Boston. Meanwhile the plague is on the people, and the College meets no more until November.

To speak of this awful summer is to speak of a population degraded by the very insanity of fear. The rich fled first, and at last almost all who could go. In round numbers Philadelphia had six thousand houses and forty-nine thousand souls. Some three thousand houses were closed. Twelve thousand persons fled to the country: Carey says seventeen thousand. Of those left behind, eleven thousand took the fever, and one-third of these died. Before this appalling death-rate all but a rare few gave way. In deserted streets, between rows of closed houses, where commerce had ceased, men walked down the middle of the causeways and declined to shake hands with friends, or turned aside from any who wore the badge of mourning. Thousands of both sexes smoked tobacco to avoid disease, or carried vinegar or camphor or bits of tarred rope for protection, while bonfires at night and firing of muskets to disperse contagion ceased only when the mayor forbade them. The churches were shut; most of the weekly papers ceased to appear. For the laborer there was no work. Starvation drove him to crime, and thieves lived riotously in deserted houses. At last family ties were broken, men fled from their dearest, whole families deserted the bed where the father lay dying, nurses were hardly to be had, and still the sombre death-cart went its nightly round with its negro driver, and in answer to the dreary cry, "Fetch out your dead," corpses were lowered from open windows on to the cart, backed up on to the sidewalk, or were carried out in haste to be put across the shaft of what was called a chair, and hurried away for swiftest burial. So lower and lower men sunk, as the plague increased, until at times the dead lay unburied, corpses were found in the streets, and the climax of misery, neglect, and profligate riot was reached at Bush Hill Hospital for the poor. Amidst this horror of disease, of selfishness, of crime, there were men who grew morally stronger through that which enfeebled the mass. The most of the physicians of the blighted town went about their duties untouched by panic, undisturbed by fear. In our own ranks were none who failed. Their names are to be read on every record of those dreary hours. Theirs was what Ruskin speaks of as "that constitutional serenity in danger, which, with the wise, whether soldier or physician, is the basis of the most fortunate action and swiftest decision of deliberate skill." (Preterita, p. 379.) How they differed as to treatment, and how doggedly they held their beliefs, concerns us little. That they did their full duty as honest gentlemen concerns us much.

Hutchinson died, and Morris and many others not in our fellowship. None altogether escaped untouched by the plague, which swept away ten physicians in a month. Says Rush, "At one time but three physicians were able to do duty outside of their own houses. From this cruel summer until 1806, no year left us free from the fever, but the worst of it fell upon us in 1798." Again the College had in vain sounded repeated warnings to the city, the State, and the general government. Again there is that eloquent blank in our minutes from August to November. It was more terrible than '93. Some forty thousand fled, and of those who stayed, about four thousand died, nearly half of those attacked, and again the scenes of '93 were repeated, and again, as in '93 and '97, our ranks were thinned, and only more did not die because nearly all were protected by previous disease.

There were physicians who fled from this more deadly horror, but in the thick of it I find the names of our Fellows. Griffiths's daily record, meant only for his own use, is before me as I write. He says, "My patients are mostly among the poor. While I went to the country to see my sick child, half a day, upward of fifty knocks at my door. Yet through all this I am favored with calmness. My lot seems cast among misery and death. A day of trouble. Buried a beloved servant. Much unwell to-day. Too much to visit. Thus they suffer from unavoidable neglect. I feel indeed alone."

We lost Hugh Hodge and Annan later of the same disease, and through all of these sad years we find always ready, always dutiful, the best of the men whose lives I have sketched. Scarce one escaped the wounds of disease, and at least six died; but none failed us. Surely this is a record to look back upon with that pride which nourisheth good example. We may grieve for suffering, and regret careers cut short, and yet desire to preserve their remembrance;

"Nor could Humanity resign  
Each hour which bade her heart beat high,  
And blazoned duty's stainless shield,  
And set a star in honor's sky."

The horrors of 1825, with its smallpox, and the cholera of 1832, found the successors of these men as able, as simply ready, as courageous.

Meanwhile the battle as to contagion and importation, and bleeding, and emetics and calomel, raged with a fury of personalities for which it is difficult to account, but which the tenacity and irritability of Rush may in a measure explain. It caused Rush a bitter personal quarrel with Andrew Ross, and disputes between Rush and Kuhn as to the treatment of Hutchinson, and led to the resignation of Rush and the formation of the short-lived Academy of Medicine. These virulent intellectual duels ceased by degrees

when the new dispute as to vaccination arose, and, as most of our Fellows favored it, it seems hard to explain their action. In December, 1802, Lettsom sends the College from London vaccine virus, and shortly after is elected an Associate, while, alas! Jenner, proposed by Plunket Glentworth, fails of election,—a sad commentary on the too conservative tendencies which nowadays have somewhat ceased to trouble us. But a little while and the world of opinion was with Jenner. Three or four years later no man would have dared to blackball one of the immortals. The moral is not far to seek, and time has not quite worn it too threadbare for use. In all our history we have little to feel ashamed of, and this reproach comes swiftly after—nay, among—the deeds which showed of what heroic stuff were the men whose portraits hang around our hall.

Our early years produced a few notable essays, but the great and active intellect of Rush was lost to us, and his influence kept out of our fellowship Physick and Mease and some others of note. As I look forward over our minutes up to 1820, the papers are fewer. In some years there is not one. Often there is no quorum, Currie writes, and tells us in a wandering and irritable letter that we are inert and useless, which is hardly true, for still in all public affairs the College is active and attentive. Death, too, has been busy with the men who had smiled in her face so often. Some twenty are gone,—the surgeon-soldiers of 1776, the veterans of '93 and '98. New names appear, though slowly. Sixteen are added before 1807, and of these the yellow fever has taken four. In several years no election of a Fellow occurs, and none from 1807 to 1810. In 1811 we gain the first I personally remember, the honored and well-loved Hewson, some time our President, then Chapman, of joyous and social fame, Neill, Parish, the Bartons, and Edwin Atlee. And now, in 1823, Currie, Parke, and Griffiths, alone, seem to be left of our institutors, but as to some others I can find no note. It is difficult to explain the intellectual inactivity of the College in these years. It was rather paresis than paralysis, inertness than want of power. But why did we survive at all? The Academy had perished; the Philadelphia Medical Lyceum had come and gone; the Philadelphia Medical Society, the Kappa Lambda, the Medical Association of Philadelphia, had been organized, and were soon to die out or had already disappeared.

We were saved, I fancy, by that which preserves the vitality of families,—great traditions which nourish pride, and the conservative power of property: careful treasurers had begun to hoard for us a little money, and our library, if as yet small, was valuable. Moreover, we were still, as always, the public advisers, and the position of adviser is one which flatters. Then came the fortunate accessions from 1824, and we win illustrative

force as we get Hartshorne, Bond, Hodge, Meigs, La Roche, John K. Mitchell, Darrach, and, notably, Wood and Bache, familiar collocation of names, and almost as one in friendship and usefulness; Pennock and Gerhard, Hays, Pancoast, Mütter, Carson, Dunglison, Norris, McClellan. Catalogues of names are valueless, but these are winged with memories. Thenceforward our meetings grow richer in interest, even if at times some lack of activity is still obvious. There is now too much work done for careful analysis here. Twice vain efforts are made to limit the Fellowship. A fee-bill is formed in 1824, and we find only twelve surgical operations enumerated. These multiply in later tables of charges, but one would be puzzled to make such a list to-day. At last we abolish the whole business, and leave men to act in this matter as seems best to them.

We have come now to the time when physicians yet alive and active began to be felt in our affairs. All those I have just named are dead. Let us turn anew to what we have done as a College, work in which all have helped, and which shows best the affectionate interest with which we have all regarded this institution.

We met first in Fifth Street. In 1791 we carried ourselves and our modest library—one case of books—to the Philosophical Society rooms, whence we journeyed to the Mercantile Library building, then on Fifth Street, and in 1854 to the little house on Spruce, within the Hospital grounds. As I first climbed its well-known stairs, in 1856, I remembered the picture, by West, of Christ healing the sick, which in my childhood hung on the wall. The debates used to be sharp in those days. There was Wood in the chair, most courteous of men, gently formal, and of ever-ready kindness to younger physicians; a peace-making presence when the too positive Condie was raging in debate, and Charles Meigs, with his poetic nature and talk of singular freshness, was spurred to sharp reply, and Hodge grew graver and yet more sedate, and Bache sat ready to drop with deliberate slowness of contradiction on the inaccurate. As I write, the visage of Gerhard returns to me, with its grim humor. A man quick of speech and as quick to regret, an unbalanced nature, but a keen and subtle observer. There is stout George Fox, and the slight, delicate figure of La Roche beside our great surgeon Pancoast, sturdy, earnest, and original, a curious physical contrast to his colleague Mütter, small, exquisitely neat in person, and courtly in manner.

You will forgive my gossip. I should like to believe that our juniors have reason to look up to us as we did to these men. A crown seemed as remote to me then as the chair which, by your grace, I now hold.

We owe our present home chiefly to the liberality of George B. Wood, to George Fox,

and to the unceasing efforts of Isaac Hays, who, as chairman of our Building Committee, served the College with that high-minded sense of duty which he carried into every relation of life.

In 1856 our building fund, by careful nursing, had grown to sixteen thousand dollars. Our first large accession, like much else that is good, came from Wood. A Western quack had infringed the copyright of the Dispensatory, and the heavy damages awarded were generously given to our building fund. In the same year, by good fortune, Thomas Dent Mütter offered to give us his museum and to leave us an endowment of thirty thousand dollars, on condition that within five years we gave this collection a fire-proof shelter. Gift after gift from Dr. Wood followed,—not less than ten thousand dollars in all,—and in 1863 we moved to our present hall, to which we have but of late added the third story contemplated in the original plan.

The College museum at once grew into importance by the addition of Mütter's gift, and is now one of the most valuable and interesting collections in America.

The library, which owed its first gift and legacy of books to John Morgan, now numbers nearly thirty-eight thousand volumes and some twenty thousand pamphlets, and is second in America only to that which the ample purse of government and the genius of the greatest of medical bibliographers, John S. Billings, have created in Washington.

Its annual growth, some two thousand five hundred volumes, with thousands of pamphlets, is due to the constant supply of new books, and especially of journals, of which we receive at least three hundred and twenty-five. This steady inflow of weekly and monthly publications represents for us the swiftly-changing tides of knowledge, the floods and ebbs of opinion, the never-ending novelties, good or bad,—all to be put on trial. By-and-by the best of this matter, solvent in a hundred journals, crystallizes into more permanent shape in books. This vast accumulation and the multitudinous contributions it represents has, of course, its embarrassments, for not all new facts are valuable or correctly interpreted; but, be they true or not, we must at times have access to them all. Whilst in some very good ways our profession is unyieldingly conservative, as to matters of intellectual opinion and modes of practice it is, nowadays at least, alertly ready to accept the novel and as ready to give up the old.

Books are the best tools of our business, and a great library like ours insensibly educates by tempting men with the noblest of opportunities. It is like an unfailing friend to whom we go for counsel and helpful advice, and a catalogue is its ready memory of all that our greatest knew and taught. Look around that great collection in all tongues.

It is a vast presentation of the thoughts, the beliefs, the victories, the defeats, of that profession which has been, as compared to any other, the purest, the most single-minded, the most simply devoted to its moral creed, the world has seen through all its changeful ages. It has its peerage, its lords of thought, its sturdy, practical commons. Yet here is no set creed of dogmatic beliefs. We make and unmake our rulers, and time, which is more wise than Bacon, has a large vote in the matter; but while systems of medicine crumble, and doctrines have their little day, and men have been intellectually right or wrong, it is pleasant to remember that the lofty code of moral law our Greek Fathers taught has kept through all these productive centuries an invigorating control over the lives these gathered volumes represent. Thus, for him who loves his art, a great medical library is full of lessons in the conduct of life. There, side by side, the feeblest and the strongest meet. What a record of the follies and caprices of learning, of devotion, of martyrdom, of simple usefulness, of ambitious failures! Here are stately tomes unread for ages. Here is some little volume which has changed the great currents of thought and brought hope and relief to a thousand bedsides. In yonder corner is a modest book-case, which groups the bric-à-brac of the bibliographer, the mad jester, the cranks, the queer anecdotists, the priceless incunabula, the medical poems.

I like to think of the book-loving men to whom we owe this collection. Morgan, the scholarly; Hays, editor for fifty-three years of the best medical journal the world has seen; Moreton Stillé, too early dead, with his half-used store of varied learning; Wood, Betton, Mütter; Gross, the great surgeon; Hodge, the famous teacher of obstetrics; Lajus, that gentle and modest scholar, who once said to me, in his odd way, "I like the men who are like books, and that is why I like Samuel Lewis."

I have broken my rule for the first time, to name a living Fellow of the College, the constant benefactor of our library; but in proportion as a man is modest, self-forgetful, prone to avoid public recognition, one is tempted at a time like this to say what we think of him to whom we owe so much. Kindly friend, learned and liberal scholar, we are glad that you are here with us to know, once for all, how lovingly we thank you for the unstinted generosity of these many years. In that last great war, we most of us so well recall,—in that vast struggle, whose authors we do well to forgive, but whose trials and lessons we do as well never to forget,—this College was true to its traditions.

There are on our list to-day at least one hundred and four men who served their country in the field, in hospitals, or at sea, in those years of sacrificial trial.

Whatever we may have thought or felt of

that section of our race which faced us in fight, of this at least I find it a pleasure to feel sure, that wherever men were sick or wounded our ancient guild did well its Christ-like duty. As to that record, North and South, there can be neither doubt nor difference.

I close with satisfied pride these annals of the past and its dead. I see about me men whose books are in every tongue of Europe, whose works are known and honored among the learned of every land, men who wear by just decree of their fellows the unseen crowns of honorable estimate. I see, too, the young in work, the men who are to follow us. To them we shall soon consign this precious heritage, the record of a century of duty; a hundred years without one break in our meetings, save when pestilence thrust upon us a more imperative service. There is that in these years to make them proud of a fellowship which in war and in peace has left us examples of single-minded workers unknown to fame, of the charity without taint of selfishness, of heroic lives lost in battle with disease, of gentle scholars, of daring surgeons whose very fingers seemed to think, of physicians rich with every professional grace. The pride of lineage is valueless which does not secure to the future vitality of usefulness, and I must have told my story ill if to every physician who hears me its illustrations have not the invigorating force of moral tonics.

I turn now from the present and face the silence of futurity. As earnestly as our first President, I pray with him that all those who sit around me, and all who are to come, do publicly and privately serve their generation.

Feeling, like him, the weight and dignity of my office, and to-day more than ever, I look onward thoughtfully to that next centennial time. Every heart that beats in this hall to-day will have ceased to pulsate. Another will stand in my place. Reviewing our works and lives, he will be able, I trust, to say as confidently of us as I have said of your fathers, These too belonged by right of dutiful lives and sincere work to our great, undying brotherhood.

#### OFFICERS OF THE COLLEGE OF PHYSICIANS.

—At the annual meeting, held January 5, the following officers of the College of Physicians of Philadelphia for the year 1887 were elected:

*President*.—Dr. S. Weir Mitchell.

*Vice-President*.—Dr. John H. Packard.

*Secretary*.—Dr. Isaac Norris.

*Treasurer*.—Dr. Charles Stewart Wurts.

*Honorary Librarian*.—Dr. James H. Hutchinson.

*Recorder*.—Dr. J. Ewing Mears.

*Censors*.—Drs. Lewis Rodman, William Goodell, Alfred Stillé, and Samuel Lewis.

*Councillors*.—Drs. Morris J. Lewis and James Tyson.

Dr. George E. De Schweinitz was elected for Fellowship.



## ORIGINAL COMMUNICATIONS.

## TWO CASES OF UNSUSPECTED FRACTURE OF THE SKULL.

BY HARRY FRIEDENWALD, A.B., M.D.,

Assistant Resident Surgeon, City Hospital, Baltimore, Maryland.

**P**ATIENTS with head-injuries present phenomena of every grade of diagnostic probability, from those with such positive symptoms as to lead the surgeon to the exact nature and locality of the cerebral lesions to those with symptoms that are so trivial or misleading as to divert attention from the real injury and cause erroneous diagnosis, as, for instance, that of intoxication in a patient really suffering with serious skull-injury. It is the gravity of the error in these which leads me to report two illustrative cases which were admitted into this hospital during the last year, with the view of calling especial attention to the misleading nature of the symptoms.

*Case I.*—C. H., a laborer, aged 41 years, was admitted on May 12, 1886, into the hospital. The statement was then made that he had fallen, about an hour before, from a height of seven feet, striking his back over a block of wood. His condition when admitted was good; pulse and temperature were normal; the skin was nowhere broken, and no spots of extravasation of blood were found, excepting some ecchymosis of the right eyelids; the pupils were normal. He complained chiefly of pain in the back and headache, and vomited several times. During the following night he continued to vomit, and also during the next forenoon, and he still complained of headache. The headache decreased gradually under the influence of bromides.

May 15. Patient was out of bed, walking about, and improved.

May 17. He walked about during the day, but his mind wandered; towards evening he grew worse; his gait became tottering; made ropes of his bed-clothes and talked to himself of making fast to some object. Up to this time he had been rational; he had told us how the accident happened, and answered all other questions put to him.

May 18. During the morning he continued his work with the bed-clothes. Later, when spoken to, he would recognize the speaker, but he would soon relapse and mutter to himself.

May 19. Breathing became rapid, obstructed, and difficult; delirium became more marked.

May 20. Breathing very difficult and rapid; frothy mucus in nostrils and mouth. In the forenoon (about 10 A.M.) he walked out of the ward into the street. His tottering gait con-

tinued since first noticed. He recognized friends in the afternoon; late in the evening he became unconscious. Respiration steadily grew more labored.

Patient died at 1.30 A.M., May 21.

The post-mortem examination, made by Dr. N. G. Keirle, showed the lungs deeply congested; in the heart was found a very firm "chicken-fat" clot in right auricle and ventricle, extending into pulmonary artery; kidneys slightly enlarged from congestion. But more important and surprising were the results of the examination of the head: here were found extensive fractures, hemorrhage, and inflammation. A piece of the thin upper wall of the right orbit at the outer part was entirely broken loose and separated from the remaining frontal bone; there were no linear fractures connected with this. A linear fracture beginning at the left jugular foramen ran across the occipital fossa and the crest of the occipital bone, through the right occipital fossa and the petrous portion of the right temporal bone (behind the internal ear), and ended at the foramen spinosum. The occipital fossa contained about two ounces of sanious pus. In the right occipital fossa there was a blood-clot about two centimetres by five millimetres. Beneath the dura mater over the right orbit there was another clot three centimetres in diameter.

Certain features of this case make it very interesting. In the first place, the primary cause of death—the fracture of the base of the skull—was not recognized during life. The only symptoms immediately due to the fracture, the headache and the ecchymosis of the eyelids, were so uncertain, in the absence of positive signs, that a diagnosis of fracture would have been a mere guess. The headache and the vomiting were ascribed (perhaps properly?) to cerebral concussion, and the general ecchymosis of both eyelids and of the right eye was regarded as trivial,—a slight bruise possibly caused by striking some projection amid the lumber into which he had fallen. Not the lack of positive signs alone, but his general condition and the symptoms presented, as well as the short distance of the fall, were apparently deserving of so little consideration as still more to divert the view from the real injury and direct it to the slight cerebral concussion and the unimportant bruise of the back. The consecutive intense pulmonary congestion was easily mistaken for a developing (and independent) pneumonia (which disease was very prevalent at the time), and the delirium was ascribed to it.

*Case II.*—A. C., aged about 30, was brought to the hospital about noon of December 11, 1886, by the police. They had picked him up on the street a few minutes before, believing him to be drunk; but, as he would not answer any questions, they took the precaution to bring him to the hospital for examination. It was found that he walked with staggering gait; that he would not answer any questions put to him; and that he had the odor of whiskey about him. His pulse was weak, and his hands and feet cold, and it was therefore thought best to put him to bed and let him rest and warm up. He remained quiet and undisturbed until the evening. On examination at 6 30 P.M., his pulse was strong and beat 96 per minute; his respirations were 25 per minute, and of the Cheyne-Stokes character; his temperature was found to be 103.7° F. He would constantly repeat a few phrases, and was very restless. When disturbed, he would ward off those offending him by regular and apparently voluntary movements of the arms. He would forcibly close his eyelids when the attempt was made to open them. The pupils were slightly contracted, the right one being the smaller. His reflexes were increased; tickling the soles of his feet would cause violent movements in both legs. There was no anæsthesia or paralysis. When uncovered, he would attempt to bring the cover up to his neck and keep it there. His thighs were kept flexed on the abdomen, the legs flexed on the thighs, the hands held over the scrotum. Upon very close examination of the scalp, a narrow, transverse scar was found on the back, about one and a half inches long, and apparently very superficial, covered with a thin, dry scab. His condition remained stationary during the night.

At 9 A.M. on the following day the pulse and temperature were the same as the previous evening. The left leg and arm appeared rigid. The right leg was unchanged. The respiration partook still of the Cheyne-Stokes type. Opisthotonic contraction came on after he had been disturbed. At 1 P.M. his breathing became stertorous, the pupils began to dilate, the temperature rose to 105°. He died at 5 P.M. the same day.

The treatment consisted in this case in applying an ice-bag to the head, cold sponging, purgation by one drop of croton oil, and hypodermic injection of antipyrine.

The post-mortem examination, made by Dr. Keirle, revealed a diffuse effusion of blood in the subaponeurotic and periosteal tissues in the region under the wound of the scalp mentioned above. A linear fracture was found beginning here,—at the median line, just below the apex of the occipital bone,—running to the left into the lambdoid suture, separating it; then up the squamous suture 2.5 cm.; then, curving downward, through the squamous portion of the temporal bone.

It then diverged, one limb continuing downward and going to the temporal end of the zygoma, the other crossing the temporal fossa horizontally for the distance of 4 cm. Extending through the left inferior occipital fossa was another linear fracture, beginning at the main fracture, 2 cm. to the left of median line, and 1.5 cm. below lambdoid suture, and running diagonally downward and outward towards the jugular fossa. There was a blood-clot outside the dura mater, 5 cm. by 8 cm., and 1 cm. deep, resulting from laceration of the posterior meningeal artery. There was also intrameningeal hemorrhage in the left middle fossa, and in both posterior fossæ. The left temporo-sphenoidal lobe near the apex was considerably disintegrated. The lungs were found congested.

From this brief account it will be seen that a very extensive fracture at the base of the skull may present symptoms either so few or so unimportant as to obscure the injury entirely. There was not a symptom present when the patient was first admitted which we do not see daily in intoxicated persons who have been exposed. It is probably true that he had a fall; but then it must not be forgotten that no history of the patient could be obtained. It was evident when the symptoms of active brain-disorder appeared that some serious disease was in progress; but none were present which pointed to fracture.

CITY HOSPITAL, BALTIMORE, December 20, 1886.

## A SUGGESTION FOR REDUCING DISLOCATIONS OF THE FINGERS.

BY J. W. MACFARLANE, M.D.,

Demonstrator of Surgery in the Western Pennsylvania Medical College.

WHILE demonstrating to a class on minor surgery the appliances used to reduce dislocations of the fingers, some difficulty was experienced in keeping Levis's instrument in position, even with a wet bandage applied to the part.

Having of late been obliged to wear some of the gum finger-stalls of the shops, to avoid poisoning in a cut, and recognizing how they adhered when once in position, the idea suggested itself that one of these would be an excellent covering for the finger, over which Levis's instrument or a clove-hitch could be secured if desired.

A close fitting gum finger-stall was then applied, and, upon grasping with the right hand the finger so covered, we found that

we had such a power and perfect control that further appliances were unnecessary, — slipping being out of the question with a finger so covered, especially if the operator's hand is warm.

This simple suggestion may perhaps not have the merit of originality, although I have never come across it before; but it seems to me that much more accurate and judicious traction can be made when the dislocated finger is in the firm grasp of the fingers of the right hand, while the thumb of the right and the whole of the left hand are free to manipulate with, than in the customary method of procedure. Or, if desired, the gum finger-stall can be used as a fixation-point for Levis's instrument or the application of a clove-hitch.

3617 BUTLER STREET, PITTSBURG.

## NOTES OF HOSPITAL PRACTICE.

### PENNSYLVANIA HOSPITAL.

SERVICE OF J. M. DA COSTA, M.D., LL.D.

*ACUTE CEREBRO-SPINAL MENINGITIS DUE TO CHRONIC SUPPURATIVE OTITIS.*

GENTLEMEN,—I shall first call your attention to some specimens taken from a case which died recently in the Men's Medical Ward, and of which I will give you a brief history.

The patient from whom these specimens were obtained was brought into the hospital in a condition which prevented us from getting from him very accurate information with regard to the history of the case; nevertheless we succeeded in learning, partly from him and partly from his visitors, that he had had an attack of typhoid fever during the past year, from which he made a good recovery; he had obtained employment as a waiter since, and had been well up to the attack for which he was admitted. His recovery from typhoid fever therefore was complete, and he was able to attend to his occupation after it. We have also ascertained, what we did not know at the time, but which I will mention here in giving you the history, that he had had a severe earache, with inflammation of the left ear, which had got well after a discharge of pus from the external meatus, about a year previous to his coming here. Whether this occurred prior to the attack of typhoid fever or afterwards I cannot at present say, though I think it probable that it was before.

Please note that he was well, and attending to his usual occupation, when his last illness began. On the 13th of this month, being, as he thought, in perfect health, he was taken with pain in the head so severe that he was obliged to go to bed. There is no history of an actual chill, and no mention of gastric disorder. His headache persisted, and on the 16th it was noticed that he had lost the power of speech. He had to be helped to the hospital, for he was quite weak, though still able to walk some; his mind was fairly clear; he attempted to speak in reply to our questions, but could not articulate distinctly; he also tried to write, but failed, more from weakness probably than from inability to direct the pen; his headache was still very severe, especially about the left temple and ear, with great restlessness. There was stiffness of the muscles in the upper portion of the neck; the facial muscles were not involved. The tongue was dryish, brown, and slightly coated, protruded with difficulty; no sores upon his teeth or lips; both pupils were dilated, but responded equally to light; temperature was  $102^{\circ}$ , the pulse was 86, and the respirations 20 in the minute; the heart and lungs, upon examination, showed nothing abnormal. The stiffness of the muscles at the back of the neck attracted our attention particularly. It was also noted that he had very marked photophobia. No eruption could be perceived on any portion of his body.

Now, gentlemen, subsequent to his admission the temperature-record was sometimes high, sometimes low. The chart shows it at  $105.5^{\circ}$  at night, and then  $100^{\circ}$ ; on the 19th it was  $104^{\circ}$ , and on the same evening it was  $99.8^{\circ}$ ; on the 20th it goes up to  $102.2^{\circ}$ , and then down to  $100.4^{\circ}$ . In other words, after the first few days of high temperature there are great variations, and then a temperature which does not again go above  $102.4^{\circ}$ , but remains at about  $99^{\circ}$  to  $101^{\circ}$ . The pulse-record also gives evidence of considerable irregularity: in the main, however, the pulse is a slow pulse, notwithstanding the elevated temperature. I find it recorded at 86 and 89, and only once at 100, and in the last ten days it was among the seventies.

There was no vomiting; the headache continued severe; if he complained less during the last few days it was probably because his intelligence became dull, and he had less ability to express his sensa-

tions. The pupils became contracted and sluggish, and he gradually sank into a comatose condition, in which he died. Still, until shortly before death he seemed to be doing well, and the change for the worse was a rapid one. I did not look upon the case as hopeless until twenty-four hours before death occurred.

I will merely say in reference to the treatment that the scalp was leeches with evident advantage. Swedish leeches were applied behind the ear until eight or ten ounces of blood were taken, and the bowels were freely moved by purgatives. Ice was applied to the vertex, and he was given bromide of potassium in large doses. Early in the treatment, in order to relieve his pain he had repeated doses of opium, which afforded him decided relief from his sufferings.

I will now show you the specimens and then discuss them: they are very instructive. It is not often that you will see a case so well marked as this of suppurative meningitis. You perceive that there is over the whole of one side of the brain, the left, also at the base and extending towards the front, a white layer of exudation under the dura mater; the left hemisphere is, in fact, nearly covered with pus, though chiefly on the middle and posterior lobes and between the arachnoid and dura mater. There are evidences also of meningitis spreading from these to the surrounding parts. Upon section the brain itself seems more vascular than usual, but our pathologist, Dr. Longstreth, who has examined it carefully, says that it is not abnormal. It is, therefore, a case in which there is extensive meningitis, especially upon the left side of the brain.

Now, gentlemen, that this was a case of meningitis, with exudation, the inflammation extending down to the spinal cord, is demonstrated by the autopsy. It proved it to be what we suspected during life, a case of cerebro-spinal meningitis: looking upon this term in its pathological sense, the lesions confirm this. But there is another point to which I wish to call your attention. It was important to decide whether or not it was a case of cerebro-spinal meningitis associated with and caused by cerebro-spinal fever,—one of those sporadic cases which linger after an epidemic, of which we had the threatenings last spring. He had, when admitted, all the symptoms of the specific fever

except one, that is the eruption. On looking back upon the history of the case, there was one other symptom which I afterwards noticed: it was an absence of extreme hyperæsthesia, which is so marked in the specific fever. Barring these, it had the features of an ordinary case of cerebro-spinal fever. Now, the question comes up, Was it really a case of cerebro-spinal fever? These are the usual lesions which we find. Why do I hesitate to class it with such cases? Is there any other solution which might be offered? Yes; we found one which was afterwards confirmed by the autopsy. There was long-standing disease of the middle and internal ear, the temporal bone was softened and in places broken down, and the inflammation had evidently spread from this diseased bone to the dura mater. We have reason, then, to believe that this typical case of cerebro-spinal meningitis was not an instance of the specific disease, but one in which there was a secondary morbid process due to extension of inflammation from the ear,—an acute disorder the result of a chronic malady. This is not a case of abscess of the brain directly due to diseased bone, which is not uncommon as a sequel of chronic otitis, but it is one of the rarer forms, in which the inflammation travels along the lymph-spaces by continuity of structure and carries the septic infection to the convexity of the hemisphere.

I will call your attention to another interesting point, and one that adds to the difficulty in making up your diagnosis in a case of cerebro-spinal meningitis,—the suddenness of the onset. Occurring as an unusual complication here, it is the rule in cerebro-spinal fever. Yet a case like the one under discussion may arise suddenly and the symptoms set in abruptly. A correct conclusion will then largely depend upon the history. I observe, therefore, that we find cases arising suddenly—like this one in a man in apparently perfect health—which would lead you to suspect cerebro-spinal fever, and yet the whole thing may be primarily due to ear-disorder.

This is an instructive case, and may serve as a warning against accepting the most obvious explanation as the true diagnosis. The suddenness of the appearance of the symptoms is an important point to bear in mind in connection



with the history of previous ear-disease. You may ask, Does my experience furnish a parallel case? Yes, I can recall several. I am reminded of the case of a young married lady who also had had attacks of vertigo, and about a year before had had a discharge of pus from the ear, but which had passed away and was almost forgotten. While in perfect health apparently, she was taken suddenly with violent headache and the usual symptoms of meningitis. She rapidly became comatose and died, and the autopsy showed a similar state of things to that which we have just been discussing: a person in perfect health passing at once into violent meningitis. In our case a diagnosis was not impossible, for during the illness a discharge from the ear took place. I call your attention pointedly to the circumstances of the case, because attacks of meningitis coming on during perfect health are apt to be misleading unless you are aware of their possible connection with latent ear-disease.

There are other points of which I might speak. One is the irregularity of the temperature, and another is the slowness of the pulse. This is especially interesting, because you have here reproduced what is the rule in the specific form occurring in epidemics. Irregularity of temperature and slow and irregular pulse we often find in typical illustrations of cerebro-spinal fever. This brings up for discussion the interesting question, Is not this peculiar temperature and pulse due more to the local inflammation of the brain than to the blood dyscrasia, to which it has been generally attributed?

I have mentioned briefly several points of interest in the treatment: that local depletion by leeches gave some relief; that opium proved its usefulness; and that the pupils became more contracted under its use; but, since you did not see him during life, I will not further extend these remarks. I will, however, in conclusion, answer a question which must be in your minds. I spoke of the absence of eruption, and you wish to ask, Would not the absence of eruption settle the diagnosis between the case of meningitis due to the poison of cerebro-spinal fever and that due to other causes? I answer, Not always: because in some cases occurring in the course of an epidemic, where the specific cerebro-spinal fever is undoubtedly present, the eruption is conspicuously absent.

VOL. XVII.—8\*

## TRANSLATIONS.

RESEARCHES RESPECTING THE AXIAL NERVOUS CURRENT.—At a recent meeting of the Académie des Sciences, M. Marey read a physiological communication from M. Mendelssohn, who had proved that the electro-motor power of the axial current of a nerve-fragment increases with the length of that fragment, though not proportionally with it. If the trunk of the nerve be gradually shortened, it is seen that the direction of the axial current ceases after a certain limit to conform to the rule which the author had already mentioned, —viz., that the direction of the axial nervous current is always in opposition to the direction or course of the physiological function of the nerve. The electro-motor power of the axial current increases with the area of the transverse section of the nerve. This correlation disappears when two different nerves are compared in the same animal or analogous nerves belonging to animals of different species. The electro-motor force of the axial current decreases with the exhaustion of the nerve which is induced by prolonged tetanization. This exhaustion may even completely destroy the axial current. Desiccation of the nerve, and especially of its sectional surface, rapidly lowers the electro-motor force of the axial current. All these facts show that this current possesses essentially the same physical and physiological properties that M. Dubois-Reymond has described as existing in other nervous currents.

INFLUENCE OF SALTS AND ACIDS UPON FISH.—At a recent meeting of the Paris Biological Society, M. Richet communicated the results of experiments he had made in order to study the influence of different salts and acids upon water containing fish. Salt-water fish were taken for these experiments. The chloride is the most innocuous of all the salts of sodium. The proportion of this salt contained in sea-water is ten grammes to a litre. Sixteen more grammes to a litre would be required to cause death in a fish within forty-eight hours; whereas only five grammes of nitrate or one gramme of bromine would suffice. M. Richet made similar experiments with acids, which rapidly produced fatal results, even in weak solutions.

## PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, JANUARY 8, 1887.

### EDITORIAL.

#### THE COLLEGE OF PHYSICIANS.

THE great medical event of the week has been the celebration of the Centennial Anniversary of the College of Physicians of this city. If any doubt existed as to the social status of the profession in Philadelphia, it surely must have been dispelled in the mind of any one who was present at the delivery of the address by the President at Association Hall,—a dignified and appropriate discourse,—or who witnessed the brilliant assemblage at the College immediately following it. The proceedings at the special meeting of the College were impressive, and the Reminiscences of Professor Stillé very judiciously supplemented those of the President. The graceful words of Professor Da Costa to the newly-elected Associate Fellows must have made them certain of their welcome, but no lingering doubt could remain after participating in the magnificent dinner of the College given in the Assembly hall of the Union League, which appropriately concluded the exercises.

There are few who are aware what an important part the College of Physicians has filled in the medical history of Philadelphia, which was so ably reviewed in Professor Stillé's address. Not the least of its services is that it has consistently labored to elevate professional tone; and in pursuance of this it, in 1843, framed a Code of Ethics which a few years later was substantially adopted by the American Medical Association. In 1848 it encouraged and aided the formation of the Medical Society of the State of Pennsyl-

vania. In 1856 it took an active part in converting the Board of Health of this city from a merely political machine into an organization which has ever since been leavened by a quota of active and intelligent physicians. It has constantly instructed the public upon sanitary questions, and has repeatedly memorialized the Legislature for laws governing the inspection of drugs and medicines, for recording vital statistics, and other matters important to the citizens of Philadelphia. It has established one of the most valuable collections of works on medicine in the country, and given its use (with very slight restrictions) to the whole profession. By the publication of its annual volume of Transactions, it has served to stimulate and excite emulation among other medical societies which have sprung up under its ægis. May it continue its beneficent work for another century, and may those who continue its career remain faithful to its traditions!

#### PAROXYSMAL HÆMOGLOBINURIA.

THE separation clinically of hæmoglobinuria from conditions resembling it by the discovery of Harley, in 1868, that hæmoglobinaemia was its invariable precedent (the coloring-matter of the blood being merely excreted by the kidneys) has given to this class of cases special medical interest. Paroxysmal hæmoglobinuria, however, is to be distinguished from the toxic form, due to the ingestion of edible fungi (*Morchella esculenta*), the inhalation of arseniuretted hydrogen, the inunction of pyrogallie acid or naphthol, and certain chemical agents like potassium chlorate, glycerin, and some aniline derivatives, which exercise a destructive action upon the red blood-corpuscle. Severe burns of the surface of the body and the transfusion of alien blood have also been observed to give rise to hæmoglobinuria. The paroxysmal form, therefore, as distinguished

from that which is developed by the direct action of these special causes, may be regarded as a well-defined disease occurring in persons who apparently have some special predisposition to it.

In a communication to the *Nordiskt Medicinskt Arkiv* (B. xviii., No. 22, 1886), Professor R. Bruzelius, of Stockholm, gives the histories of three cases of paroxysmal hæmoglobinuria which had been for a long time under observation, and which were seen at intervals widely separated. These are all which have been reported thus far in Sweden, and in his extended experience the author had not encountered any others. Since only two cases have been published as occurring in Norway, it appears that the disease must be quite rare in these countries. Lichtheim stated that in Germany only two authentic cases had been published previous to the appearance of his treatise on this subject; since then, however, several other cases have been reported, showing that it is not so rare in the latter country as had been believed. Cases have been reported in much larger number in England, and a few have been met with in France and Italy. It appears in both sexes, and there is no restriction as to age: it has been observed at two years of age as well as at seventy.

The first of Dr. Bruzelius's cases was a woman, 27 years of age, who after remaining for a short time in a cold place had a chill, with elevation of temperature, urticaria, slight icterus, and hæmoglobinuria. Microscopic examination of the urine did not reveal any corpuscles, either whole or in fragments; spectroscopic and chemical examination showed the presence of hæmoglobin. The other two cases were men, aged 52 and 71 respectively.

From a consideration of these cases M. Bruzelius concludes that everything tends to prove that it is a disease of the blood, the destruction of the red blood-corpuscles taking place in the organs of the circula-

tion, and not only in the kidneys, as Rosenbach believed. Refrigeration of the body is the most direct and frequent cause, according to Bruzelius, but other observers have also noticed hæmoglobinuria following prolonged muscular exercise and fatigue. Murri and Schumacher regard syphilis as the veritable cause of this disorder; of the three cases referred to only one had chancre, the others declared themselves free from infection.

In America it has been met with in cases of malarial poisoning, and, as pointed out by Dr. F. P. Henry, it is at least interesting to note that the early cases of this peculiar affection were relieved by the use of quinine.

#### THE MORBID ANATOMY OF EPILEPSY.

INVESTIGATIONS which throw light upon the morbid anatomy of epilepsy always attract special attention. A very interesting pathological study has been recently made by M. Zohrab\* of a number of epileptic brains, in all of which necrosed, softened spots existed beneath or around the occipital or posterior horns of the lateral ventricles. Two of the autopsies were upon women who had had essential epilepsy, and two upon men who had presented epileptiform crises in the course of a cerebral lesion. His conclusions were (1) that there are a certain number of cases of epilepsy, either essential or secondary, accompanied by a softening of the region beneath the posterior horns of the lateral ventricles; (2) that in these cases the clonic convulsions are proportionate to the extent of the lesion, and are always more marked on the side of the body opposite to the cerebral hemisphere especially affected; (3) that the pathogenic influence of this lesion is still obscure, but that it is allowable to suppose the existence in this portion of the

\* Archives de Neurologie for May, 1886.

white matter of an epileptogenic zone which it will be the office of experience to demonstrate.

## NOTES FROM SPECIAL CORRESPONDENTS.

### BALTIMORE.

THE profession of this city suffered a severe loss recently in the death of Dr. A. F. Erich, Professor of Gynecology in the College of Physicians and Surgeons. Dr. Erich was only forty-nine years old, and apparently in perfect health, when he was suddenly seized, on the 6th ultimo, with pronounced symptoms of cerebral hemorrhage, which resulted in his death within twelve hours. He was well known for his improvements of gynecological instruments and operative procedures. Among the former may be mentioned a self-retaining modification of Sims's speculum, various pessaries, a device for fastening deep perineal sutures, and a constrictor for rendering the cervix uteri bloodless in operations upon this organ. He also modified the operation for rupture of the perineum.

Dr. Erich was a successful and popular practitioner, a forcible teacher, and conscientious in all the relations of life.

A genuine sensation has been caused here by the discovery that the crime of "Burking" had been committed by three negroes, one of whom was an attendant in the dissecting-rooms of the University of Maryland. The corpse of a white woman was brought to the dissecting-room while still warm, and on examination was found to bear marks of violence upon it. Notwithstanding this, the body was prepared for anatomical purposes; but when the demonstrator of anatomy was informed of the suspicious circumstances connected with the reception of the body he notified the authorities, and an investigation resulted in the ghastly discovery that the woman had been murdered for the sake of the money that could be obtained by the sale of the corpse to the college. The police were promptly on the track of the murderers, who are now in jail awaiting trial. Two of them have already confessed their complicity in the foul work, and have implicated the third as an accessory before the fact.

The efforts to obtain some sort of regulation of medical practice in this State, to which reference has several times been made in this correspondence, have again ended in smoke. A committee has for several months past tried to induce the Medical and Chirurgical Faculty of Maryland to assert its ancient rights and privileges of subjecting all those desiring to practise medicine in the State to an examination, in default of a diploma from a respectable medical institution. But, for

reasons previously pointed out, the Faculty declined to take any action, beyond submitting the question of its rights and duties to the Attorney-General of the State for an opinion. This official, taking his cue from the dilatoriness of the Faculty itself, declined to express an opinion. This leaves the entire matter *in statu quo*, with the probability that nothing will be accomplished in this direction until the profession takes the business out of the hands of the State Faculty and demands of the Legislature protection for the public against the shameless quacks, both in and out of the profession, who now infest this city and State.

The pathological laboratory of Johns Hopkins University has made a very successful beginning. About twenty physicians are now at work in the laboratory under the direction of Professors Welch and Councilman. Special researches are also being pursued by Dr. W. S. Halstead, of New York, and Dr. W. D. Booker, of this city. Dr. G. M. Sternberg, Surgeon U.S. Army and President and Chairman of the Committee on Disinfectants of the American Public Health Association, is making a thorough investigation into the practical disinfection of the dejections of typhoid fever, and of pure cultures of the typhoid-bacillus. In this work he is assisted by Dr. Meade Bolton, a former student in Koch's laboratory. The results already obtained promise to be of very great practical value.

G. H. R.

## PROCEEDINGS OF SOCIETIES.

### CENTENNIAL CELEBRATION OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

THE formal celebration of the one hundredth anniversary of the institution of the College of Physicians, organized January 2, 1787, was held during the past week. The first ceremony was a commemorative address (see page 237) by the President of the College, S. Weir Mitchell, M.D., LL.D., which was delivered at Association Hall, at 7.30 P.M., on the 3d instant. It was followed by a reception at the hall of the College, Thirteenth and Locust Streets, which had never before held such a brilliant assemblage.

On the following day a special meeting of the College was held at noon. Professor Alfred Stillé, M.D., LL.D., delivered an address on "Reminiscences of the College," in which the speaker gave an historical sketch of the development and progress of the College and its magnificent library (now containing 38,160 volumes, besides 16,026 pamphlets), which has more than trebled in size in less than twenty years, and in this country is second only to the library of the Surgeon-General's Office in Washington.



NON-ALCOHOLIC. NON-RESINOUS.  
BLAND AND NON-IRRITATING.

# Fluid Hydrastis.

The most perfect representative of the drug in the fluid form that has ever been presented. Each fluid pint represents the alkaloidal strength of one pound Golden Seal Root; the alkaloïds are **three** in number, and upon them depends the medicinal value of the drug—**Berberina**—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate, and Phosphate Berberina (Hydrastia).

**Hydrastia**, crystallizing in white prismatic forms and insoluble in water.

**Xanthopuccina**, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

**FLUID HYDRASTIS** is an accurate and definite solution of these medicinal constituents, but in its preparation the *offensive and irritating Resins are rejected*.

**THE USE OF FLUID HYDRASTIS** is suggested in ALL AFFECTIONS OF THE MUCOUS SURFACES; correcting abnormal conditions characterised by profuse discharge of tenacious mucus, subacute inflammation, erosions, and superficial *alterations*.

**IN LEUCORRHEEA**, with thick, albuminous discharge, like the white of an egg, use locally by injection, 1 to 4 drs. to 1 pint of water, 3 or 4 times per day.

**IN ULCERATION OF THE CERVIX UTERI AND VAGINA**, with tenacious discharge, place in contact with the inflamed surfaces *cotton* saturated with Fl. Hydrastis, 2 to 4 drs. to Glycerine 4 oz.

**IN STOMATITIS**, pseudo-membranous, ulcerative, or gangrenous, when the inflammation is sub-acute or characterised by profuse secretion of ropy mucus, use as a gargle or wash in proportion of 1 to 2 drs. to water 4 oz. When the breath is offensive, Pot. Chlorate or Baptisia assists its action.

**IN GONORRHEEA**, as an injection, and in *Balanitis*, as a wash.

**IN NEPHRITIS**, acute and chronic, when mucus is found in the urine, use internally 1 to 4 drs. in water 4 ounces. Teaspoonful 3 or 4 times per day, as adjunct to other treatment.

**IN CYSTITIS**, acute and chronic, when the urine is pale or greenish, and viscid from abundance of mucus, use internally 1 to 4 drs. in water 4 ounces. In the severer cases of chronic Cystitis with phosphatic urine, rinsing out the bladder with tepid water, and following with Fluid Hydrastis 1 to 2 drs. to water 4 ounces; 1 ounce, to be used as an injection into the bladder, is often of great benefit.

**DYSPEPSIA**, with undue activity of the mucous glands and deficient action of the gastric follicles, of which the symptoms are a heavily-loaded tongue, especially at the base, and in the morning dull, aching pains in the stomach, with sinking sensations, nausea, and occasional vomiting of vitiated mucus, use  $\frac{1}{2}$  to 1 ounce Fluid Hydrastis to a pint of sherry or native wine. Dose: teaspoonful 3 or 4 times a day.

**IN CONSTIPATION**, either simple or of hepatic origin, in doses for an adult of gr. 10 to gr. 40, 3 times a day. In *Infantile* constipation, 1 to 2 drops twice daily.

**IN BRONCHORRHEEA AND COUGH**, with expectoration of yellow, tenacious mucus.

**IN OPHTHALMI TARSIS, CONJUNCTIVITIS**, and other diseases of the eye, in which occur mucous or muco-purulent discharges, locally gr. 10 to gr. 15 in distilled or soft water 4 ounces.

**IN INTERMITTENTS**, especially of the type characterised by disease of the *gastro-intestinal* mucous membrane, with nausea, heavily-coated tongue, broad and flabby and pale, or coated with yellow, dirty mucus; bowels constipated, or, when moved, clay-colored or streaked with mucus, use 1 to 4 drs. to water 4 ounces. Teaspoonful every 3 or 4 hours.

**IN CATARRH OF THE INTESTINES**, and superficial ulceration of same; in *Fistula* in Ano, and hemorrhage from the Rectum. Internally and locally by injection, 1 to 4 drs. to water 4 ounces.

**AS A LOCAL INJECTION**, to prevent decomposition, applied to the surface of cancerous growths and unhealthy ulcers and sores; as an injection into the bowels in diarrhoea and dysentery, and to correct the offensive character of many mucous discharges.

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## To the Medical Profession.

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*P.S.—Price for Vin Mariani is reduced: and where druggists do not keep it, we will supply it to patients by the case of twelve bottles for twelve dollars.*

*To physicians for own use a special discount will be made.*

The orator concluded his very interesting address in the following words: "In this partial retrospect of the history of the College during the last forty years, one can hardly fail to note that in it, as in political and social, and, indeed, every history, progress has depended upon individuals. The hour must come, and the man must arise who, by his voice or his example, stimulates other men to vigorous and fruitful action. As in its infancy the great name of Rush dominated the College, through his inventive genius and foresight, so in its later history George Bacon Wood ruled it by his wisdom and liberality; another has made illustrious his living name by opening a rich mine of intellectual wealth for all seekers after knowledge; and still another is distinguished for his liberality in promoting the social, artistic, and literary tastes of his fellow-members. All, by their example, have so warmed the enthusiasm and quickened the sympathies of the Fellows, that this commodious building, this precious scientific museum, and this noble library have sprung into existence in the brief space of a single generation.

"Let us hope that so fair a flower of science shall not languish through indifference, neglect, or indirection, and that at the end of another century our posterity shall be able to speak of us with unstinted praise, and with as sincere gratitude as we now feel towards those who prepared the way for this goodly habitation and temple dedicated to the service of humanity."

At the conclusion of the address the President announced the newly-elected Associate Fellows: Henry P. Bowditch, M.D., of Boston, Mass.; John C. Reeve, M.D., of Dayton, Ohio; David W. Cheever, M.D., of Boston, Mass.; Nicholas Senn, M.D., of Milwaukee, Wis.; William H. Draper, M.D., of New York; George C. Shattuck, of Boston, Mass.; R. Palmer Howard, of Montreal, Canada; T. Gaillard Thomas, M.D., of New York; Hunter McGuire, M.D., of Richmond, Va.; James T. Whittaker, M.D., of Cincinnati, Ohio; David W. Yandell, M.D., of Louisville, Ky.

After the ceremony of introduction was over, Professor J. M. Da Costa, M.D., LL.D., delivered a brief address of welcome, as follows:

Associate Fellows of the College of Physicians:

Mr. President: Fellows of the College:

To me has been assigned the agreeable duty, on an occasion so interesting, of welcoming, on behalf of the College, eleven masters of our art as Associate Fellows. Our institution has put on its holiday dress to celebrate the day, the one hundredth anniversary of its existence, and one of the most pleasing features of the commemorative gathering is the admission of a number of men of distinction as Associates. In this the College is but carrying out the implied wish of its incorporators. It is calling those to it who have

assisted "in the prosecution and advancement of useful knowledge for the benefit of their country and of mankind."

What thoughts would have filled the minds of those worthies who founded this College, could they be with us now! What rejoicing at the success of their literary and scientific undertaking would these old physicians of Philadelphia have indulged in! What pride would they, patriots formed in the stern school of sacrifice and suffering of a long war, have taken in the fact that from so many parts of their country, grown in these hundred years from sparsely-inhabited stretches of land into a teeming, powerful empire,—from cities they were familiar with, but in whose present magnificent proportions they would find themselves wondering strangers,—from wildernesses they scarcely knew of even by name, now thriving, populous States,—had come with a promptitude and rapidity which progress in applied science has alone made possible, those *virī docti et medicinæ periti* they would themselves have delighted in welcoming.

Every age has its impress and its tendencies. The queue, the knee-breeches, the gold-headed cane, the stately manner, the reverence for old wisdom, the classical canon, were their emblems, and bespoke that which they declared to be one of the objects of this College,—"to cultivate order and uniformity in the practice of physic." Though not blind to your other qualities, it would have been for any near approach to their standard of order and learning that they would have mainly esteemed you.

Our age is an age of zealous investigation and active change. Newly-elected Associate Fellows, we find represented in your ranks what in these days we chiefly honor in our many-sided profession. We find learning and order, but we also find love of research, originality, boldness; we note you quick of eye, fertile of resource, independent of thought. And if we have singled you out on this occasion, it is because you are the type we delight in, the true children of our time and tendencies.

How will it be when another hundred years have passed? Will the best traits that have made our investigators eminent go to form the cast of a medical mind reaching out into now unseen worlds of science, and looking, with eyes keen with suggestive research, at every line on every page that age has seasoned? Or will all knowledge be so plain and elementary that its application alone will be cared for, and investigation be regarded as nearly complete? It is not likely. The stone thrown into the water gives rise to ever-increasing rings; and so must it be with pursuits in Nature. There is still a greater world beyond the microscope and the telescope than we know with it.

Associates, in joining you to us to-day, we



bestow on you all this College has to bestow. It gives you full share in all that a century of learning, of culture, of pure aims, of renown, of high tone, most zealously guarded, has done to make it famed and respected. On its part, it takes a mortgage on your past acquisitions, as well as lays claim to a portion of the results of your future work: and when some fresh, thoughtful deduction in practical medicine becomes the theme of every pen; some new, life-saving operation is everywhere discussed; some clear monograph of exhaustive research and wide grasp is by every one lauded; some ingenious application of physiological experimentation is laid before the world; when we hear of a celebrated treatise of a great practical master being translated into yet more tongues,—we shall feel the pride of possession in our Associate Fellow, and, rejoicing in his success, claim him for the College as among our own. These are the feelings we have towards you, and we now greet and welcome you as sons of this old Institution with all the love of brotherly affection.

At the close of the exercises luncheon was served.

The concluding feature of the celebration was a dinner of one hundred and thirty covers at the Union League on the evening of January 5, at which the following distinguished visitors were present: George C. Shattuck, M.D., of Boston; T. Gaillard Thomas, M.D., of New York; Hunter McGuire, M.D., of Richmond; R. Palmer Howard, M.D., of Montreal; William H. Draper, M.D., of New York; Fordyce Barker, M.D., of New York; A. M. Pollock, M.D., of Pittsburg; Traill Green, M.D., of Easton, Pennsylvania; J. S. Billings, M.D., U.S.A., of Washington, D.C.; Henry P. Bowditch, M.D., of Boston; J. T. Whittaker, M.D., of Cincinnati, Ohio; J. C. Cameron, M.D., of Montreal; George B. Shattuck, M.D., of Boston; Nicholas Senn, M.D., of Milwaukee, Wisconsin; R. S. Ives, M.D., of New Haven; James T. Chadwick, M.D., of Boston; David W. Cheever, M.D., of Boston; E. Darwin Hudson, M.D., of New York; B. A. Watson, M.D., of Jersey City; W. W. Phillips, M.D., of Trenton, and others.

The ceremony of passing the Loving Cup was then observed with due solemnity.

While the Loving Cup was making its round the President announced the following toast: "The Founders of the College," which was drunk standing and in silence.

Dr. Henry Hartshorne delivered a brief address in verse. Professor D. Hayes Agnew was called upon to respond to the toast, "Our Fellows;" Professor T. Gaillard Thomas responded in brilliant style to the toast of "Our Associate Fellows;" Professor William Pepper, Provost of the University, Professor John Ashhurst, Jr., and Professor Theophilus Parvin respectively replied in appropriate remarks to the sentiments of "The Physician," "The

Surgeon," and "The Obstetrician;" Dr. John S. Billings, U.S.A., responded to the toast to "The Medical Societies of America."

Dr. S. Weir Mitchell concluded the exercises by reading a Commemorative Ode, entitled "The Doctor's Century," which concluded as follows:

"Perchance as ghosts consultant we  
May stand beside some fleshly Fellow,  
And marvel what on earth he means,  
When this new century's old and mellow.

"Take, then, the thought—that wisdom fades,  
That knowledge dies of newer truth,  
That only duty simply done  
Walks always with the step of youth.

"A grander morning floods our skies  
With higher aims and larger light:  
Give welcome to the century new,  
And to the past a glad good-night!"

A loan collection of portraits was added to those already owned by the College of former Presidents and Fellows and distinguished members of the profession, and was placed on view on Wednesday and Thursday, January 5 and 6.

#### OBSTETRICAL SOCIETY OF PHILADELPHIA.

THURSDAY, DECEMBER 2, 1886.

E. E. MONTGOMERY, M.D., Vice-President, in the chair.

#### FIBROID TUMOR OF THE BROAD LIGAMENT.

DR. W. CONSTANTINE GOODELL exhibited for Dr. W. Goodell the right broad ligament containing an enlarged ovary, and close by its side, but distinct from it, a fibroid tumor of the shape and size of the non-gravid womb. The left ovary was also greatly enlarged. It contained a cyst which burst into the cavity of the abdomen. Since the operation she had greatly improved.

He also exhibited for Dr. W. Goodell an

#### INTRA-LIGAMENTOUS OVARIAN CYST,

with the following history. The girl, aged 18, had been growing large for two years, and her health also began to fail; but a tumor was not suspected until six months ago, when she was examined by Dr. George H. Woods, of Pine Grove Mills, Pennsylvania. Discovering a cyst, he sent her to Dr. W. Goodell. The operation was performed on September 25, at his private hospital, and was a difficult one, because most of the cyst lay between the folds of the right broad ligament, and the rest of it was adherent at every point to intestines and abdominal wall. It was enucleated so completely that no pedicle was left to tie. He exhibited it mainly to show the greatly hypertrophied and dilated oviduct, the walls of which were very thick and were filled with pus. The left ovary, being of the size of a goose's egg, was also removed. It contained pus, and also was enveloped in the



broad ligament, and had to be shelled out. In spite of the complications, this case recovered promptly.

Dr. W. Goodell had had during the past year another case of intra-ligamentous cyst of the most formidable character. The cyst was attached to nearly the whole of the colon, to the small intestines, to the bladder, and to the whole surface of the womb, measuring five inches in length. The lower portion lay between two layers of the broad ligament, from which it was shelled out without a pedicle. The parts were so disorganized that the second ovary could not be found, nor was it possible to determine positively which ovary was removed. But the presumption is that it was the right, because nearly the whole of the right ureter, fully ten inches of it, had to be carefully dissected off from the cyst-wall and from between the layers of the broad ligament. Many ligatures were used, and very little blood was lost; but the patient died on the table from shock while the wound was being closed. Before this death, Dr. W. Goodell had had twenty-two successive ovariectomies, all of which recovered, and he has had eight successful cases since, making in all thirty cases with but a single death.

Dr. JOHN M. TAYLOR, upon invitation from the chair, remarked that the first case reported by Dr. Goodell had been originally under his care. He had attended her in labor, and nothing abnormal occurred in the puerperal period. He had examined her six weeks later, as is his custom, and found nothing wrong. Some months afterwards she had a miscarriage; there was some placental retention, and it was followed by ovarian tenderness and signs of inflammation, which gradually increased; the ovaries became enlarged. Nine months after the miscarriage the operation was performed. An interesting question is, When did the tumor begin?

Dr. MONTGOMERY remarked that there was a resemblance between the tumor and one horn of a uterus bicornis. Was there a distinct separation between the uterus and the tumor, or could it have been such a horn?

Dr. W. C. GOODELL stated that the tumor was separated from the uterus by an inch. The tumor has greatly diminished in size since it was placed in alcohol.

Dr. HOWARD A. KELLY exhibited a

#### PAROVARIAN CYST

weighing thirty-seven pounds. The patient, a young woman, nulliparous, had noticed the tumor one year before. The character of the percussion-wave and the evenness of the belly-wall decided a correct diagnosis. A point of interest was the flatness of the anterior abdominal wall, with more fulness in the flanks than the speaker had ever before observed in a cystic tumor. The tumor was removed through a two-and-a-half-inch incision.

The fluid was viscid and yellowish. There were no adhesions. The broad pedicle was transfixed and tied, and over this a tie made embracing the whole. The wound was closed by silkworm-gut sutures, five to the inch, and the whole operation completed in thirty-six minutes.

It is two weeks to-day since the operation. The patient is sitting up in a rocking-chair. She has no fever at all, a pulse daily growing slower, and feels well. The cyst was one large cavity, containing several cauliflower vegetations on its inner wall. The ovary lay intact on its outer wall, and the tube, about ten inches in length, was drawn out over it.

#### REMOVAL OF OVARIES AND TUBES FOR SUBINVOLUTION AND CHRONIC METRITIS.

Dr. KELLY considers the indications in this case so well defined and new that he designs making it the subject of a more detailed critical communication. The patient, about 35 years of age, had raised five children, but for several years had suffered from constant soreness of the whole hypogastrium, a spot of intense burning pain to the left of the uterus, and a constant dark leucorrhœa. The menstrual congestions greatly increased her symptoms, which were again aggravated by several early abortions. She had been under excellent treatment before coming to Dr. Kelly, and had been carefully treated by him, but with only moderate, temporary improvement. Dr. Kelly then decided to stop the menstrual function, with a view to checking the periodical determination of blood to the uterus, and finally bringing about complete involution of the organ. The operation was performed on the same day as that before described. The ovaries and tubes were removed through an incision two inches long. The ovaries were full of pea-sized follicles, and were covered with a dense capsule, and were probably (not, however, in consequence of these appearances) diseased. The speaker insisted that the operation here had no reference whatever to any disease which might be found in the appendages, but the sole indication lay in the state of the uterus; the ovaries, whether diseased or not, were removed to correct that trouble. The recovery was as perfect and free from disturbance as any slight injury, and the patient was up in the next room on the fourteenth day, when the uterus was free from tenderness and already rapidly undergoing involution.

Dr. HARRIS considered the parovarian cyst interesting on account of the character of the fluid, which was opaque and quite as thick as is usually found in ovarian cysts.

Dr. CHARLES MEIGS WILSON considered oöphorectomy a resort of doubtful propriety as a remedy for metritis; for, as the menopause occurring physiologically would not stop such an inflammation, we would scarcely expect it to be of greater benefit when the

result of an operation. He doubts the moral right of exposing the patient to the risks of abdominal section for such a condition.

Dr. KELLY remarked that one reason for the operation for the relief of metritis was the exacerbation of all the symptoms at the menstrual period. Maternity could not again be accomplished, in consequence of abortion; complete rest in bed had failed to stop them. He thinks these ovaries are diseased; ovaralgia has undoubtedly some anatomical basis, but he is not able to say how it is to be discovered; more microscopical research is needed. The history of this case excluded syphilis.

Dr. JOSEPH PRICE read a

REPORT OF THIRTY-ONE CASES OF INTRA-ABDOMINAL OPERATIONS

*done without any selection, in private hospital, communicated by Dr. Stansbury Sutton, of Pittsburgh, Pennsylvania.*

October 27, 1883. Mrs. B. Ovariectomy, large cyst; recovered.

November 18, 1883. Mrs. O. Ovariectomy, large cyst; recovered.

December 28, 1883. Mrs. C. Ovariectomy, large cysts, extensive adhesions, tapped frequently; recovered.

February 2, 1884. Miss T. Supra-vaginal amputation of uterus with both ovaries and tubes; recovered.

February 20, 1884. Miss P. Supra-vaginal amputation of uterus with both ovaries and tubes, large fibroids of uterus; recovered.

March 20, 1884. Mrs. K. Ovariectomy, left ovary large and cystic, developed under the broad ligament and roofed over by it. The ligament was opened up to get at it. On right side a fibro-cyst of the uterus with adhesions existed. Performed supra-vaginal amputation of the uterus with the remaining ovary and tube and split the broad ligament of the left side. Recovered.

April 22, 1884. Mrs. S. Ovariectomy, large cysts, extensive adhesions, especially to the liver; had been often tapped. Liver was burned with cauterizing-iron over strip one inch broad by four or five inches long to stop bleeding. Incision in abdominal wall seventeen inches long. Recovered.

May 12, 1884. Mrs. D. Large sarcoma of left ovary; general chronic peritonitis with ascites; tumor fed by enormous vessels. Pedicle tied and dropped as in ovariectomy. Pulmonary clot occurred on fourth day suddenly, with temperature 99°. Died.

May 29, 1884. Mrs. G. Ovariectomy, large cyst, adhesions. Recovered.

June 24, 1884. Mrs. S. Pelvic abscess. Tait's operation (the pus was stinking). Recovered.

July 12, 1884. Miss M. Removal of sub-peritoneal fibroid, anterior wall. Pedicle short. Recovered.

July 12, 1884. Miss L. Supra-vaginal amputation of uterus with sixteen-pound fibroid,

extensive enucleation, adhesions numerous. Died.

September 16, 1884. Mrs. R. (insane). Removed both ovaries and tubes. Cured. Recovered.

September 22, 1884. Miss J. Both ovaries and tubes removed. Died of septicaemia on fifteenth day. (Consultants pronounced it typhoid fever.)

September 24, 1884. Mrs. W. Supra-vaginal amputation of uterus and both ovaries, with fifteen-pound fibroid; extensive enucleation, vast adhesions. Tetanus. Died.

December 4, 1884. Mrs. C. Supra-vaginal amputation of uterus for large fibroid; extensive intestinal and mesenteric adhesions, and in the presence of peritonitis; very bloody operation. Shock was too great. Died.

December 17, 1884. Resection of small intestines at two points for cure of artificial anus and extensive adhesions of gut. Fatal on seventh day from renal hemorrhage. Five stones, one an inch long, were found in the kidneys post mortem. The points of resection were found with difficulty. The sutures were all covered. (My first and only other resection of intestine recovered, and is living three and a half years since operation.)

March 7, 1885. Mrs. J. Ovariectomy, large cysts; extensive adhesions; had often been tapped. Recovered.

April 7, 1885. Miss S. Exploratory incision. Recovered.

June 10, 1885. Mrs. S. Double ovariectomy. Dermoid on right side. Recovered.

June 27, 1885. Miss H. Both ovaries and tubes removed. Recovered.

July 30, 1885. Miss D. Ovariectomy, large cysts, extensive adhesions; came in in a dying condition; had been tapped very often. Died.

November 18, 1885. Mrs. B. Ovariectomy, incomplete small cyst, size of cocoanut. As it was impossible to remove the cyst on account of adhesions, it was emptied, dried out, and lining well mopped with a five-per-cent. carbolic. Recovered, and cyst has not re-filled.

November 19, 1885. Mrs. M. Oöphorectomy, right ovary and tube. Recovered.

November 24, 1885. Mrs. W. Double ovariectomy, large cysts, bad adhesions; patient very anæmic and feeble; had been tapped often. Recovered from operation, but died of perinephritic abscess three months afterwards.

January 9, 1886. Miss N. G. Oöphorectomy, pyosalpinx. Recovered.

March 23, 1886. Mrs. R. Oöphorectomy, right ovary and tube. Recovered.

April 3, 1886. Mrs. N. Oöphorectomy, both ovaries and tubes; kidneys contracted. Uræmic poisoning a week after operation. Coma. Death.

October 1, 1886. Miss S. Oöphorectomy, right ovary and tube; chronic ovaritis and

salpingitis. Had to dig the ovary and tube out of a mass of adhesions; bad case. Recovered.

November 20, 1886. Mrs. N. Double ovariectomy; removed large parovarian cyst and cystic ovary on left side, and cystic ovary on right side. Recovered.

This list of thirty-one abdominal sections are all I have made in my private hospital during the three years of its existence. I have never used spray over a wound, and only occasionally in my earlier cases I used two-and-a-half-per-cent. carbolic solution over the instrument. Long ago I quit this, and have used no chemical during the operation. After closing the wound, I am in the habit of dressing it with iodoform-gauze. Our wounds all heal by first intention. A great many of these patients had neither health, strength, nor money when they came to us. Rich or poor, all have had the same chance for life. All the provisions of cleanliness known to science and art are practised in my institution. With our present good condition, I believe we can save ninety-eight per cent. of ovariectomies sent within a year or eighteen months from the time the disease begins, and without having been tapped. We never lose a case if in fair condition, and if no trocar has been previously introduced into the cyst.

In this list there were thirteen ovariectomies for large cysts, and in one case a supra-vaginal hysterectomy was also done. Of these thirteen cases, two died: one of the two three months after operation, and the other was in the last stages of exhaustion when she was brought in on a stretcher.

Of the cases of supra-vaginal amputation of the uterus and both ovaries there were six; in one an ovariectomy was also done for large cysts. Of these cases, three recovered and three died.

The Tait operation for large pelvic abscess recovered.

The intestinal resection was not lost through the operation. The removal of the uterine appendages shows a mortality of two cases; one was due to operation, I think, the other was not.

I am sure that, as we gain experience in further operative work and exercise more care in rejecting cases with bad kidneys, our results here will compare favorably with others. Thus far we have refused no patient willing to enter the list for operation, and I am sure that no operator, East or West, is likely to meet with worse cases than are contained in this list.

**Summary.**—Ovariectomies, McDowell operations, 13; oöphorectomies, Hegar-Tait operations, 8; laparotomy for pelvic abscess, Tait operation, 1; resection of intestine, 1; removal of large solid sarcoma of ovary, 1; supra-vaginal amputation of uterus and both ovaries, 6; exploratory incision, 1; removal of subperitoneal fibroid of uterus, 1. (One

case is counted twice: first as an ovariectomy for large cysts complicated with supra-vaginal amputation for fibro-cyst of uterus; secondly, as a supra-vaginal amputation of uterus complicated by ovariectomy.)

In looking over my ovariectomy cases which have recovered during the last ten years, I find that eight children have been born to them. My last laparotomy (forty-sixth) for all diseases yet attacked by operation by me was a large parovarian cyst with both ovaries cystic. The cyst and both ovaries were removed through a two-inch incision, the dressing completed, and the woman in bed in thirty minutes, without any haste. She has taken no drugs, not a drop of anything. Temperature on the fourth day was normal, and pulse 76. Wound completely healed. Experience, with honest precautions, coupled to a possibility of earlier operations and a discontinuance of tapping, will result in as good statistics in this country as abroad.

Dr. H. A. KELLY remarked that Dr. Sutton's account of his cases is very interesting, and in many particulars instructive, and better results for general work, handling all classes of cases without selection, certainly cannot be found in our country. He, Dr. Kelly, called especial attention to the note by Dr. Sutton that his ovariectomy patients have borne eight babies within the past ten years. This fact is significant as deciding a question which has been discussed in terms of vague generalization and sentimentality: "The other ovary."

About a year ago, when writing a paper upon ovarian cysts of large size, Dr. Kelly found facts in Sir Spencer Wells's table which determined this question for him upon a solid scientific basis. Of Sir Spencer Wells's 1000 cases, 768 recovered; and, deducting from these 343 over forty years of age as beyond the child-bearing period, we have left 371; again deducting 20 more, which was about the number of double ovariectomies under forty years recovered, we have left about 351 women survivors with one ovary and in a child-bearing condition. As an actual fact, 117, or about one-third, did bear children, to number 228, or a fertility of about 65 per cent. to the total number of survivors. This is then clearly the advantage of leaving one ovary in 351 women: to wit, 228 children. Now, what are the disadvantages? Obviously a return of the tumor in the other ovary and death from the second operation.

In 7 of these 351 women a second operation was necessary, and one of the seven died of a tumor doubtfully uterine.

Here, then, is the status of "the one ovary" case: *one doubtful death* of a woman seven years after her first operation against *two hundred and twenty-eight children born!*

Dr. Kelly could not accept the diagnosis of death from typhoid fever in a surgical case within three weeks of operation in the

absence of careful post-mortem examination. The typhoid condition is so common in all cases of peritonitis tending to a lethal end, and true typhoid fever so extraordinarily rare, that he rejected the diagnosis not subsequently confirmed. It savors too much of the many cases of women coming to his office week after week, stating that they "have never been well since their last confinement, when they had typhoid fever." Dr. Sutton, however, does not himself make this assertion.

Dr. COFFEE, of Pittsburg, drew attention to a case under his own observation in which typhoid fever of distinct character followed close upon a surgical operation.

Dr. M. PRICE spoke of a case in which typhoid fever followed immediately after an attack of smallpox.

Dr. JOSEPH PRICE reported a case of

#### HYSTERECTOMY FOR MYOMA.

The patient had applied to Dr. J. R. Haynes on account of menorrhagia with hypogastric discomfort. Uterus about the size of a three months' gravid uterus. She became very much prostrated, and suffered from sciatica in the right leg. The tumor grew rapidly, and seven months after first seeing her the tumor was found to extend from the umbilicus to the perineum, resembling in shape and position the gravid uterus at seven months. Two inches below the umbilicus and to the left a bruit was distinctly heard. Foetal heart-sounds could apparently be distinctly heard beating 125 per minute, but they were synchronous with the patient's pulse. The lower portion of the tumor extended into the vagina almost to the perineum, and resembled very much a foetal head surrounded by a small quantity of fluid. The os uteri could be felt only with the utmost difficulty behind the centre of the os pubis.

November 19, Dr. J. Price performed abdominal section. Before operation her pulse was 150, and temperature 100°. Six syringefuls of brandy were given hypodermically. The operation lasted about an hour. The patient slept well that night and improved in condition for a few hours, after which vomiting occurred, followed by great restlessness, pain, and increased frequency of pulse. Peritonitis developed, and the patient died at 7 A.M., about thirty-one hours after the operation. Post-mortem examination showed nearly a pint of bloody serum in the peritoneal cavity.

Dr. Price remarked that, in reviewing the operation, he felt that, with one exception, he had nothing to regret; but he did regret that he had not introduced a drainage-tube. His reason for not using it was the complete absence of bloody stain in the last abdominal washings; but it is his rule to use a drain whenever there have been adhesions to separate; he had three tubes in use in other patients at that very time; he feels assured that

if he had used a drainage-tube in this case the woman would have recovered.

Dr. H. A. KELLY considered the important error in this case was the neglect to insert a drainage-tube, and gladly made this subject the text of a few remarks. Operators at large should by this time have reached a common understanding as to just how and when the drainage-tube should be used. In the *first* place, whenever there is any denuded area as large as the palm of the hand, or smaller, if there be a tendency to weep, a tube should be introduced, and sometimes, when least expected, several ounces of serum will well up through the tube daily, and the absorptive powers be saved a severe tax. *Secondly, whenever in doubt, use the tube;* no harm ever comes from it when guarded with the antiseptic precautions now in common use.

His own plan is as follows. Pass all the silk sutures as if the whole length of the incision were about to be closed; slip in the drainage-tube (he prefers a straight glass one under ordinary circumstances), and run down the shot and close the wound to the tube; but the two sutures passing through the track of the tube are left long, to be used after removal of the tube. He then once or twice a day draws out all serum accumulated in the pelvis, by means of a long-nozzled uterine syringe; when all discharge has ceased, provided it has been but sweet, clean serum, he withdraws the tube, and, running the shot down on the two unused sutures, closes the wound perfectly, leaving only a linear cicatrix, instead of a deep pit, at the lower angle, to be filled up by granulation and a large plug of scar-tissue; this is also safe after suppuration, provided all suppuration has entirely ceased.

He does not like Koeberlé's clamp, which had been used by Dr. Price in this case, and considers it far more dangerous in every way than the elastic ligature. Säger's device, just announced, combining an extra- and intra-peritoneal treatment, promises much, and is certainly destined to repeated trial.

Dr. MONTGOMERY thought the case one of extreme interest in point of diagnosis and treatment. The pressure of the tumor on the ureters causes changes in them, and also sacculatation of the kidneys. He had operated in a similar case some years ago, and a subsequent examination revealed sacculated kidneys and pus in one: even if no knife had been used, the patient would have died from the ether. He thinks, with Dr. Price, that the drainage-tube should have been used in his case.

Dr. JOSEPH PRICE remarked that he had no fear whatever of the drainage-tube, and thought it might be used in every case. Tait's rule, "When in doubt, use the tube," was a good one. Dr. Price made some remarks upon his method of using drainage-tubes of glass, employing cotton wick in some cases to



remove accumulations of serum and to clear the openings of the tubes, using a sucking bulb with gum tubing to draw out fluid accumulations, and introducing a smaller gum tube through the glass one before withdrawing the latter.

Dr. M. PRICE exhibited specimens from a case of

#### PYOSALPINX

of gonorrhœal origin. Is pyosalpinx not almost always the result of gonorrhœa? His cases have without exception followed attacks of gonorrhœa. Can such a sequel be anticipated and prevented?

Dr. MONTGOMERY remarked that Dr. Noeggerath initiated the idea of latent gonorrhœa as the cause of salpingitis and pelvic peritonitis.

Dr. M. PRICE remarked that his patients had been in robust health; they were generally women who had borne but one child, and the labor had been followed by repeated attacks of peritonitis.

Dr. LONGAKER read a report of a case of

#### LAPAROTOMY FOR PYOSALPINGITIS.

Maggie T., aged 33, was admitted to Lying-in Charity Hospital November 13, 1886. She had one child eighteen years before, after a difficult and prolonged labor. Unmarried, and has a history of specific disease. During the last four years her periods had been accompanied by intense suffering, and in the intervals she was never free from distressing aches in the pelvis. Lately she had used opium to some extent. In addition to the evident enlargement of the appendages on both sides, the patient has a perineo-recto-vaginal fistula and a stricture of the lower end of the rectum. A diagnosis of pelvic cellulitis was made by him in this case two years ago.

*Operation.*—November 18. The left tube, a sausage-shaped tumor, and the ovary, a fluctuating mass the size of a walnut, were easily removed: a small amount of pus escaped from the end after ligation, but this was arrested by pressure-forceps. The ligature was necessarily passed near the uterus, but, owing to friability of tissues, troublesome oozing continued and delayed the closure of the abdomen. On the right side the ovary and tube formed a huge abscess the size of a goose-egg. It was impossible to separate and remove this without rupture. It was filled with pus and altered blood. Adhesions were dense and firm. There was also some oozing on this side, but it gave rise to comparatively little trouble. The peritoneal cavity was irrigated with hot water; one to five thousand bichloride solution in sponges; abdominal walls sutured with silk, over which was placed an impervious coat of iodoform collodion. Convalescence uneventful. She is now free from pain.

Dr. M. PRICE inquired about the source of hemorrhage. He had seen serious hemorrhages due to the fact that the tube was cut by the ligature. He thought it important to tie straight across the tube, and not obliquely. He ligates by double ligature and ties back. He considers it right to open up at once if hemorrhage is at all free; he does not think it right to trust to sponges and hot water.

Dr. JOSEPH PRICE had seen very free hemorrhage from adhesions to the bowels, large sinuses being laid open and pouring out blood. In several cases he had used iron as a styptic.

Dr. LONGAKER explained that the hemorrhage came from the opening up of the broad ligaments.

Dr. H. A. KELLY read a paper embracing

#### NOTES ON PALPATION OF THE FEMALE URETERS,

which will be published in full with diagrams.

Dr. JOSEPH PRICE read an interesting letter from Dr. Joseph Eastman, summarizing the features of McDowell's early operations, showing how perfectly antiseptic his work was.

Dr. COFFEE spoke of Dr. Sutton's work as being pioneer work. He gave up good practice and went to Europe to work up this field.

W. H. H. GITHENS,  
Secretary.

#### NEW YORK ACADEMY OF MEDICINE.

A STATED meeting was held December 2, 1886, the President, A. JACOBI, M.D., in the chair.

#### PARENCHYMATOUS INJECTIONS OF CARBOLIZED IODINE INTO A PHTHISICAL LUNG.

Dr. J. BLAKE WHITE presented a phthisical lung, the patient having died six weeks after the last of three injections of a solution of carbolized iodine into a large cavity. The patient was an inmate of Charity Hospital, and had advanced phthisis, with emaciation, loss of strength, irritating cough, expectoration, night-sweats, etc. In July last Dr. White had made the first injection of ten minims of a solution of carbolized iodine, with a little morphine and atropia, through the first intercostal space on the left side, where there were the physical signs of a pulmonary cavity. The second injection was made about a week later, and the third and last one, consisting of twenty-five minims of the solution, a few days later. At this time Dr. White's term of service expired and the treatment was discontinued. The result of the treatment was a temporary improvement in all the symptoms, and no reaction followed; the cough was controlled, the expectoration lessened, the night-sweats checked, the appetite improved, suppuration in the cavity antagonized, and cicatrization promoted. The lung was shown in verification of the latter of these state-

ments. Intra-pulmonary medication in consumption seemed to the reporter a very rational treatment, and experience thus far had demonstrated that it was.

#### LARYNGEAL DIPHTHERIA—INTUBATION AND PATHOLOGICAL ANATOMY.

Dr. W. P. NORTHRUP read a paper on this subject. He first spoke of the efforts of Bouchut, of Paris, to introduce a method of intubation of the larynx in 1858, and the disfavor with which it was received by Trousseau and the profession in that country in general. Bouchut's work was unknown to Dr. O'Dwyer, of New York, when that gentleman some years ago was led, by an unusually high mortality after tracheotomy in the New York Foundling Asylum, to try intubation of the larynx, beginning his experiments on the cadaver. The result of his efforts had been highly successful, and to a consideration of his method and the pathological findings in eighty-seven cases of death from laryngeal diphtheria in the above-named institution Dr. Northrup's paper was devoted.

The records given consisted of all the cases of death during the past five years in the New York Foundling Asylum from laryngeal diphtheria. The whole number of children under the care of the institution during that time was eighteen hundred, eleven hundred being taken charge of by the nurses within and immediately about the institution. The entire number of deaths from laryngeal diphtheria had been eighty-seven: the number of males being thirty-seven, of females fifty. The average age of the patients was two years and seven months. The greatest number of deaths took place between the third and fourth years.

Fifty-six of the eighty-seven cases began with symptoms indicating that the membrane made its appearance in the larynx either before or simultaneously with its appearance in the pharynx; in thirty-one cases the average number of days before the commencement of symptoms of croup was two and a quarter; in fifty-four cases the average time from the beginning of croupy symptoms until death was three and four-fifths days. Of the eighty-seven cases the number accompanying or following measles was twenty-two; scarlet fever, eight; varicella and scarlet fever, one; in fifty-four cases there was pneumonia. In most of the cases where the lesions were not plainly declared a diagnosis had been made based on microscopic and post-mortem examination. The question of pulmonary collapse and pneumonia had been constantly in mind, and signs of parenchymatous inflammation or pneumonitis had been present, as a rule. It would fail of the truth to call the condition of the lung a bronchitis; it would fail still further of the truth to call it collapse; the lesion was bronchopneumonia. In considering the cause of death when there was such a complication of

lesions,—sepsis, bronchitis, pneumonia, and nephritis,—there was little satisfaction in attributing it to any one of them separately. Twenty-seven of the eighty-seven patients were believed to have died from extension of the diphtheria into the bronchi; twenty-nine had sufficient pneumonia to account easily for the death.

The highest temperature in nineteen cases was 104°; in fifteen it was 105°; in three, 106°; in two, 103°; and in one, 107°.

The distribution of the membrane was as follows: in nine cases it extended from the tip of the nose to the finest bronchi; in six cases, from the nose to the bifurcation of the trachea; in seventeen, from the pharynx to the finest bronchi; in seventeen, from the larynx to the finest bronchi; in seventeen, from the pharynx to the main bronchi; in seventeen, in the larynx and trachea; in three, in the pharynx and larynx; in one, in the larynx only.

Interstitial emphysema was found in eight cases, pronounced vesicular distention in nine. The interstitial emphysema was located principally in the anterior portion of the upper lobes and roots; the vesicular, mainly in the anterior portion of the upper lobe. It might be remarked that interstitial emphysema had been met with quite as often in marasmus as in any other condition, except whooping-cough.

The instruments used by Dr. O'Dwyer for intubation of the larynx consist of the larynx-tubes, the introducer, the mouth-gag, the extractor, and the scale to indicate the size to be used according to the age of the patient. Instructions for their use accompany the set of instruments, which were manufactured by Tiemann & Co.

The following were some of the advantages of intubation of the larynx. It relieved dyspnoea due to laryngeal stenosis; the parents and friends offered no objection to the procedure, as they did against tracheotomy; it was a comparatively simple operation, free from danger, and did not require an anæsthetic; no fresh wound was added, and no trained assistant was required at or after the operation; the air entered the lungs moist and warm. The procedure did not preclude tracheotomy, and if this should prove necessary the laryngeal tube would offer a guide to cut down upon. The objections were that the tube rendered the swallowing of fluids embarrassing, although as a rule the child soon learned to swallow very well. One case had proved that there might be danger of obstructing the trachea by pushing the membrane before the tube. Intubation of the larynx might also be employed in other cases of laryngeal dyspnoea, as in syphilis, etc. The relief to the obstructed breathing was always very striking, and greatly encouraged the parents, but the physician should not give a favorable prognosis for forty-eight

hours, as serious complications might develop although the case had progressed well until the fortieth hour after relief of the dyspnoea.

The value of the procedure was manifest in the fact that twenty-eight and a half per cent. of the one hundred and sixty-five reported cases of intubation of the larynx for laryngeal diphtheria had recovered. He would not give statistics of recoveries after tracheotomy for the same condition, as those of different authors were so conflicting, but he thought they were not as favorable as those of intubation.

Dr. FRANCIS HUBER related eleven cases of laryngeal diphtheria in which he had done intubation of the larynx late in the disease, after there had been well-marked stenosis, and four of the eleven had recovered; one was still wearing the tube; the other five had died. Dr. Denhard, he said, had also performed the operation in eleven cases, five having recovered.

Remarks were also made by Drs. A. S. HUNTER, PARTRIDGE, and CAILLÉ.

#### NEW YORK PATHOLOGICAL SOCIETY.

A STATED meeting was held November 24, 1886, the President, JOHN A. WYETH, M.D., in the chair.

##### MILIARY ANEURISMS IN THE BRAIN.

Dr. R. VAN SANTVOORD presented microscopic slides showing miliary aneurisms in the brain of a man who died with cerebral hemorrhage, and at the autopsy there were found six or seven cortical hemorrhages. After macerating the brain for a time, he took hold of both carotids and pulled out quickly a leash of vessels which, on being washed, showed six diseased branches.

##### CALCIFICATION OF THE AORTIC VALVES.

Dr. VAN SANTVOORD presented the heart of a woman who claimed to have been only 55 years of age, but appeared much older. Her chief symptom was marked feebleness of the heart. The autopsy showed pulmonary phthisis, oedema of the brain, fatty liver, chronic diffuse nephritis, and tubercle in the spleen. The left ventricle was slightly hypertrophied and dilated, and contained a number of thrombi, firm and nearly white. The aortic valves showed advanced calcification. The cardiac muscle was fatty. There was oedema of the lungs, and Dr. Van Santvoord thought the case supported the conclusion arrived at by Dr. W. H. Welch from experiments, that oedema of the lungs often accompanied marked weakness of the left ventricle.

##### AORTIC REGURGITATION (FROM RUPTURE OF A VALVE?).

Dr. VAN SANTVOORD presented the heart of a man, 44 years old, who during nine years

had been an inmate of the Randall's Island Insane Asylum. He had formerly been a driver of a brewery-wagon. He was found to be suffering from an acute nephritis, which became complicated by pericarditis and ended fatally. A typical double aortic murmur was heard; there was also a systolic murmur at the apex, not transmitted to the left. A cardiac functional murmur was heard four days prior to death. The autopsy showed slight thickening of the arachnoid and anæmia of the brain. The lungs were very oedematous. There were lesions in other organs, but those of chief interest related to the heart. The pericardium contained about two ounces of clear fluid. Both layers of the pericardium were coated with yellow lymph. The right cavities were apparently normal. The left ventricle was considerably dilated and hypertrophied. Two leaflets of the aortic valve were only slightly thickened. The third, corresponding to the right coronary artery, showed a notch at one side of the corpus arantii. From one side of this notch projected three fibrous vegetations; from the other one, about one inch long. The mitral orifice admitted the ends of three fingers. The valves looked normal. The aorta showed extensive atheroma; it was not dilated. From the fact that two of the leaflets were only slightly thickened, from the notch-shaped lesion and limitation of the fibrinous outgrowth to the edges of this notch, it seemed probable that the lesion was caused by a rupture of the valve. Compensation of the cardiac lesion was apparently good prior to the patient's last illness. It seemed plausible to suppose that the extra strain thrown on the aorta by the cardiac systole, which was necessary to maintain this compensation, was a factor of importance in increasing the atheroma of the aorta. The valves, being subject to a subnormal strain on account of regurgitation, did not share in this factor, and so the unusual disproportion between the general disease of the valves and of the aorta might be supposed to have arisen.

Dr. H. J. BOLDT presented a slough from the uterus produced by the use of chloride-of-zinc cotton after curetting the cavity in a case of carcinoma.

##### BILIARY COLIC—ULCERATION OF THE GALL-BLADDER.

Dr. L. E. HOLT presented several medium-sized gall-stones which were found at autopsy in a case chiefly interesting in connection with the clinical history. The patient gave a history of biliary colic with jaundice. On the 8th of July last he was taken with extreme pain in the region of the stomach and right hypochondrium. The following day he had symptoms of acute gastro-enteritis and was jaundiced. At the end of ten days he had another attack, and from that time began to lose flesh and strength, and had more or less

fever. One day he had a violent chill, and the temperature rose to 104°. There being a history of malarial poisoning, quinine was given; but three days later the temperature rose again, and remained more or less elevated until death. The lesions of chief interest were the following: the stomach, duodenum, and two or three feet of the jejunum showed marked acute inflammation. The hepatic and common bile-ducts were pervious. The jaundice was apparently due to obstruction at the opening of the common duct into the duodenum, caused by the swollen condition of the mucous membrane. The gall-stones had ulcerated through the gall-bladder, exciting a localized peritonitis and becoming encysted in an abscess on the under surface of the liver, close to the gall-bladder. Death seemed to have been due to septic absorption from this abscess.

#### EXSECTION OF THE TIBIA FOR OSTEOMYELITIS.

The PRESIDENT presented the portion of the tibia lying between the epiphyses, removed by operation from a boy 12 years of age, who had been the subject of osteomyelitis. The periosteum was saved, and it was hoped there would be reproduction of the bone. This was the last of nine cases of destructive osteitis of the tibia in which he had operated within fourteen months. From two to four inches of the tibia were removed in the several cases, and all the patients had recovered with reproduction of bone except one, who returned with the tibia absent to the extent of about four inches. This patient was again admitted to the hospital, and Dr. Wyeth attempted to convert the tibia and fibula into a single bone by removing a thin piece at their articulating surface and wiring them together. It might be necessary to perform a similar operation at the other articulation. Dr. Wyeth thought there was scarcely a condition of osteitis of the tibia in which amputation was justifiable.

#### COCAINE IN MINOR SURGERY.

Dr. WYETH also presented a lipoma and a small cystic tumor removed from the forehead, and made them the basis of some remarks upon the value of the local use of cocaine as an anæsthetic in minor surgery. He had operated by this method of producing anæsthesia in a number of similar cases, and in cases of ingrowing toe-nails, circumcision, hemorrhoids, fistula in ano, etc., without producing pain. He had injected as much as three or four grains at a single operation without injurious effects. He employed a four-per-cent. solution.

Dr. BOLDT had seen less than one grain of cocaine injected into the region of the trifacial nerve produce serious shock.

Dr. LOCKWOOD recalled a case in which

cocaine-poisoning was produced by the injection into the neck of twenty minims of a four-per-cent. solution preparatory to tracheotomy.

Dr. WYETH thought it unsafe to give ether or chloroform immediately after failure with cocaine.

Dr. HOLT had seen very unpleasant symptoms follow the injection of twenty minims of a four-per-cent. solution in a child.

Dr. SCHIFF had seen its use followed by sloughing in two cases of circumcision, and by parenchymatous hemorrhage in the case of another operation of an hour's duration.

A stated meeting was held December 8, 1886, the President, JOHN A. WYETH, M.D., in the chair.

#### CHRONIC ENDARTERITIS.

Dr. T. MITCHELL PRUDDEN presented the aorta and arteries of the brain removed from the body of a man of middle age, who died a few hours after being brought to the hospital in an ambulance, with apparent right hemiplegia. The interest in the case related to the very marked changes in the aorta and arteries of the brain, without lesions of other organs. There were numerous large patches of atheroma and fatty degeneration of the aorta, and nearly all of the cerebral arteries, including the finer ramifications, showed similar lesions. The arteries of the brain were obtained nearly complete by macerating the brain for a few days in water and then washing in a current.

Dr. PRUDDEN also presented a set of specimens illustrating the

#### BACTERIA OF TYPHOID FEVER.

Dr. CUSHIER presented a

#### FIBRO-SARCOMA OF THE PAROVARIUM

removed from a woman 37 years of age, married nine years, but never pregnant. Her general health had been excellent until a year ago last September, when the abdomen grew rapidly in size following a strain. The following March it diminished in size, and she was again able to go about. The latter part of last summer it increased rapidly in size again, and in November Dr. Cushier was consulted, who found a distention of the abdomen due apparently to an encysted dropsy, and a diagnosis of possible ovarian or parovarian cyst was made. On the 12th of November the abdomen was opened, and two very thin walled cysts burst as soon as touched. The principal tumor had a long pedicle, and in removing it a part of the ovary was cut through. The pedicle was found to consist of a number of tubes, as many as five, which admitted a probe, and ended in a blind extremity at the tumor. The fluid into which the tumor was placed de-



stroyed the lining membrane of these, which rendered them unfit for microscopical examination, but they were believed to have developed from the ducts of the Fallopian tube. The tumor itself was a spindle-celled fibrosarcoma.

Dr. VAN GIESSEN presented

#### SECTIONS OF THE SPINAL CORD,

made at various points, and illustrating poliomyelitis anterior and tubercle.

#### TUMOR OF THE PALATE.

Dr. ROBERT NEWMAN presented a tumor, the size of an almond, removed from the junction of the hard and soft palates in a woman, 55 years of age, who had noticed the tumor during the past twenty years. Recently it had increased in size and given trouble. It was removed, without pain, after a dose of whiskey and the local application of cocaine. Dr. Newman remarked concerning the use of cocaine, that he had in one case injected twenty-five minims of a four-per-cent. solution into the bladder, which was immediately followed by a bursting sensation in the head which had now lasted ten days. The tumor was referred to the Committee on Microscopy.

A stated meeting was held December 22, 1886, the President, JOHN A. WYETH, M.D., in the chair.

#### RED ATROPHY OF THE LIVER—CIRRHOSIS OF THE KIDNEYS—THICKENING OF THE VESSELS AT THE BASE OF THE BRAIN.

Dr. W. H. PORTER presented the specimens for a candidate.

Dr. W. M. CARPENTER presented for a candidate specimens illustrating pyosalpingitis.

#### SYPHILITIC CHANGES IN THE LUNGS.

Dr. W. H. PORTER presented a lung which contained several tumors believed to be syphilitic gummata. He also exhibited a pair of lungs which were the seat of very extensive infiltration by the same material. Examination for the tubercle-bacillus had been carefully made, but without finding it. The clinical history in these cases showed scarcely any, if any, elevation of temperature, and this fact he attributed to the marked thickening of the alveolar walls throughout the lung, preventing entrance of the broken-down material into the lymph-sacs (with attending septic fever) and directing it into the bronchi; hence also the profuse expectoration. In tuberculosis the fever was due, he thought, to the easy access of the pus into the lymph-vessels causing septicæmia.

#### CASTRATION FOR SUPPURATING ORCHITIS, PROBABLY OF SYPHILITIC ORIGIN.

Dr. SCHIFF presented the testicle removed from a man who had, about six months before,

been exposed at sexual intercourse. He first had gonorrhœa and two successive attacks of epididymitis. About a month after the exposure he had the initial lesion of syphilis, and within two months more had alopecia, gummatæ, and syphilitic condylomata about the anus. The testicle was extirpated three days ago, or about six months after the exposure to syphilis and gonorrhœa. Eight ounces of pus were evacuated. Dr. Schiff thought the orchitis was syphilitic.

#### PYOSALPINGITIS.

Dr. J. H. BOLDT presented the uterine appendages of one side removed for pyosalpinx in a woman who had complained of severe pain on the opposite side, where no disease was recognized. He also presented the organs removed in another case of unilateral pyosalpingitis. It was more common to find disease on both sides.

#### URETHRAL CALCULUS.

Dr. BOLDT presented a urethral calculus as large as a large pea, removed from near the meatus in a boy, aged 14 years, whose symptoms, consisting of severe pain and scanty micturition, began in 1875. He was for three months in Roosevelt Hospital, and was discharged incurable. Since 1877 he had had convulsions which the father described as epileptic. The operation for removal of the stone was performed only about four days ago, but the patient since that time had had no more trouble. Dr. Boldt thought the stone was too small to interfere with the flow of the stream if its location had been in the bladder; he therefore thought it had been during those years in the urethra, gradually growing larger. Nothing abnormal had been noticed in the urine; no stones could be felt in the bladder.

#### CARCINOMA OF THE VERTEBRÆ.

Dr. AMIDON presented a part of the vertebræ removed from the body of a man, aged 40, who was a clerk, accustomed to lifting heavy boxes, to which fact pains considered to be due to lumbago had been attributed. In March last he suffered from pain in the right side and leg, and later in the left side, chest, and abdomen; there was pain on pressure over the spinal column, most marked at the last dorsal vertebra; there seemed to be small nodules and hardening of the liver; the lymphatic glands were enlarged. A diagnosis of cancer of the spine was made. The autopsy showed almost complete destruction of the sacrum, and disintegration and infiltration of the lumbar and last dorsal vertebræ, most marked in the last dorsal. There were small nodules in the liver, and also infiltration at one point in the lung which had given physical signs during life. The microscopical examination was made by himself and by Dr. Ferguson, who considered the tissue to be cancerous. Dr. Amidon referred to two other

cases of cancer of the spinal column, in each of which there was pain on pressure, and also to the case of a little girl suffering from a tuberculous tumor of the spine in whom there was pain on pressure, and he concluded that the rule was not based on fact which attributed tenderness on pressure over the spine to a functional rather than to an organic lesion. He would say that the pain in the case reported was due to pressure of the cancerous material upon the spinal nerves as they passed through the intervertebral foramina; he believed the cancer of the vertebræ to be primary.

Dr. PRUDDEN remarked that it was not uncommon for the secondary deposit of cancer to be larger and more destructive than the primary, and he saw no reason for not regarding the tumors in the liver as of primary origin, and the deposit in the vertebræ as secondary, in Dr. Amidon's case. Primary cancer of bones was very rare, if indeed it ever occurred.

Cases of cancer of the vertebræ were related by Drs. MENDELSON, BOLDT, PORTER, and the PRESIDENT.

Dr. PORTER said that the more extensive the deposit the more likely was it to be sarcoma, not carcinoma.

### MISCELLANY.

#### PHILADELPHIA COUNTY MEDICAL SOCIETY.

—At the annual meeting for the election of officers, held January 5, the following were duly elected for the ensuing year:

*President.*—J. Solis-Cohen.

*Vice-Presidents.*—W. W. Keen, E. T. Bruen.

*Treasurer.*—L. K. Baldwin.

*Corresponding Secretary.*—M. S. French.

*Recording Secretary.*—S. Solis-Cohen.

*Reporting Secretary.*—W. H. Morrison.

*Assistant Secretary.*—A. C. W. Beecher.

*Librarian.*—C. W. Dulles.

*Censors.*—W. Joseph Hearn and DeForest Willard.

**HYDROGEN DIOXIDE IN CATARRHAL AFFECTIONS.**—Dr. John N. Mackenzie directs attention to the use of hydrogen dioxide in four-per-cent. solution for catarrhal affections attended by profuse muco-purulent discharge, used in doses of a fourth to half an ounce three, four, or even six times a day; for topical use he prefers a six-per-cent. solution. By some persons even weaker solutions cannot be used, on account of their irritating effect upon the air-passages. A marked improvement in the gastric functions was incidentally observed during its administration. Indeed, so striking has been its effect in this regard that it is worthy of more extended trial in obstinate stomachic derangement.—*Practice.*

**NINTH INTERNATIONAL MEDICAL CONGRESS.**—We are gratified to learn that Dr. Mariano Semmola, Professor of Experimental Therapeutics in the University of Naples, Italy, has accepted the invitation to deliver one of the "General Addresses" before the Congress, and that his subject will be "Bacteriology and its Clinical Therapeutics."

Dr. JOHN B. DEEVER has been elected one of the Attending Surgeons to the Philadelphia Hospital, and Drs. Roberts Bartholow and Charles K. Mills, Neurologists to the same institution.

Dr. F. A. PACKARD has been elected one of the Resident Physicians at the Pennsylvania Hospital.

### OFFICIAL LIST

#### OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U.S. ARMY FROM DECEMBER 19, 1886, TO DECEMBER 31, 1886.

MAJOR W. H. FORWOOD, SURGEON.—Granted leave of absence for one month. S. O. 129, Department of Dakota, December 16, 1886.

MAJOR EGON A. KOERPER, SURGEON, U.S. ARMY.—Granted leave of absence for two months, to take effect about January 1, 1887. S. O. 297, A. G. O., December 27, 1886.

CAPTAIN J. V. LAUDERDALE, ASSISTANT-SURGEON.—Ordered from Fort Concho to Fort Clark, Texas. S. O. 174, Department of Texas, December 16, 1886.

FIRST-LIEUTENANT EDWARD EVERTS, ASSISTANT-SURGEON.—Ordered from Fort Grant to Fort Apache.

FIRST-LIEUTENANT CHARLES F. MASON, ASSISTANT-SURGEON.—Ordered from Fort Huachuca to Fort McDowell.

FIRST-LIEUTENANT W. B. BANISTER, ASSISTANT-SURGEON.—Ordered from Fort Wingate to Fort Lowell.

FIRST-LIEUTENANT W. D. DIETZ, ASSISTANT-SURGEON.—Ordered from Fort Stanton to Fort Bayard. S. O. 136, Department of Arizona, December 16, 1886.

FIRST-LIEUTENANT A. S. POLHEMUS, ASSISTANT-SURGEON.—Ordered for duty as post-surgeon at Fort Gaston, California, relieving

FIRST-LIEUTENANT H. I. RAYMOND, ASSISTANT-SURGEON.—Ordered for duty at Angel Island, California. S. O. 123, Department of California, December 13, 1886.

FIRST-LIEUTENANT JOHN L. PHILLIPS, ASSISTANT-SURGEON.—Granted one month's extension of his leave of absence. S. O. 297, A. G. O., December 27, 1886.

FIRST-LIEUTENANT C. L. G. ANDERSON, ASSISTANT-SURGEON.—Assigned temporarily to duty at Whipple Barracks, Arizona. S. O. 132, Department of Arizona, December 7, 1886.

#### OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY FOR THE WEEK ENDING JANUARY 1, 1887.

PASSED ASSISTANT-SURGEON F. ANDERSON.—To U.S.S. "Thetis."

ASSISTANT-SURGEON E. W. AUZAL.—Detached from Receiving-Ship "Independence," and ordered to Coast-Survey Steamer "McArthur."

PASSED ASSISTANT-SURGEON E. H. GREEN.—Detached from Naval Laboratory for temporary duty on Receiving-Ship "Independence."

PASSED ASSISTANT-SURGEON J. D. GATEWOOD.—To Naval Academy, January 5, 1887.